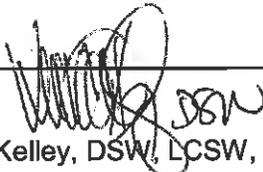




Substance Use Disorder and Recovery Services Coordination of Care Procedure

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Veronica Kelley, DSW, LCSW, Director

Purpose The purpose of this procedure is to provide guidance to DBH Substance Use Disorder and Recovery Services (SUDRS) and contracted providers of SUD services to ensure that services and resources provided to Medi-Cal clients receiving SUD treatment services are coordinated throughout the continuum of care.

Coordination of Care The DMC-ODS system of care ensures access to the appropriate Level of Care (LOC), service providers, programs and services to meet clients assessed needs. All SUD clients will be assessed using ASAM Criteria. Fragmentation of service delivery will be reduced through the development of highly individualized person-centered plans and family-centered plans (as applicable) that holistically surround a client in such a way that the coordination of care enhances the effectiveness of the plan.

Coordination of Care – Initial Screening/ Assessment To ensure each client receives the appropriate care to meet their individual needs, care coordinators comprised of Certified Alcohol and Drug Counselors will be assigned to each SUD client entering the DBH continuum of care. Care coordinators shall be trained in the principles and practices of care coordination and management and all of the following shall occur:

- DBH staff will conduct an initial screening of each client’s needs within ninety (90) calendar days of the effective date of enrollment for all new clients.
 - DBH clerical staff will make an initial phone call and mail a contact letter to the client within seven (7) days of receiving a referral from the managed care organization.
 - If no contact is made, three (3) additional phone attempts will be made within a thirty (30) day timeframe.
 - If contact is made and the client agrees to be screened for treatment needs, the clerical staff will transfer the client to the Screening Assessment and Referral Center (SARC) for a telephone screening and/or assessment.

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Substance Use Disorder and Recovery Services Coordination of Care Procedure, Continued

Coordination of Care – Treatment

Immediately after the initial assessment, client will be provided the name and phone number of their assigned care coordinator who will:

- Assist with identifying all resources available to the client in the community at large, as well as resources that can be provided by DBH or a contracted provider;
 - Coordinate the client's entry into treatment and remain in contact with the client, no less than weekly, to ensure progress is occurring;
 - Monitor the client's progress and, in the event the client is not making progress, meet with the program's treatment staff and client, as appropriate, to attempt to identify what barriers are preventing progress, and
 - If it is determined the client is in need of a different LOC, the care coordinator will work in conjunction with the treatment program to facilitate the client's transfer, ensuring there is no break in service delivery.
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Coordination of Care – Referral, Transfer, or Discharge

DBH and contract providers' care coordinators are responsible for ensuring continuity and coordination of care, and will function as advocates for clients to ensure entitlements, services and supports needed by clients are available. When a client is being referred, transferred, or discharged, the provider/care coordinator shall ensure that:

- A referral, transfer, or discharge of the client to other levels of care, health professionals, or settings, are based on the client's assessed needs;
 - Providers shall allow each client to choose their own network provider to the extent possible and appropriate;
 - At times of transition for the client, such as between program service components, between service providers, to community service providers, and at termination of services, the new services have successfully been initiated before withdrawing from the client's care, and
 - During discharge planning all necessary post treatment referrals for services external to the agency have been considered and arrangements for these referrals completed.
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Substance Use Disorder and Recovery Services

Coordination of Care Procedure, Continued

Care Coordination – Temporary Suspension

In the event a client's treatment episode is interrupted due to short-term hospitalization or incarceration, the treatment provider shall:

- Leave the treatment episode open no less than fifteen (15) days nor more than thirty (30) days;
- Document in the client's file the reason for their absence on a weekly basis, and
- The assigned care coordinator will maintain communication with the client until the client is able to re-enter treatment.

If the treatment provider does not have an available bed when the client is ready to re-enter, the treatment provider and assigned care coordinator will work together to secure a bed at another facility.

- The client shall be reassessed at that time to ensure the same LOC placement is still appropriate.
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Care Coordination – Discharge

In the event of long term hospitalization or impending incarceration that will cause a significant lapse in the treatment process, the treatment provider shall work with the client to develop a discharge plan, providing the client with detailed and reasonable evidence-based tools they can utilize to help prevent relapse.

The assigned care coordinator will continue, if reasonable, to maintain contact with the client in order to facilitate their return to treatment when the client is able, at the appropriate LOC.

Related Policy or Procedure

DBH Standard Practice Manual:

- Coordination of Care Policy ([SUDRS0228](#))
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Reference(s)

- California Department of Health Care Services, The American Society of Addiction Medicine Criteria Fact Sheet
 - California Department of Health Care Services, Drug Medi-Cal Organized Delivery System Waiver fact Sheet
 - San Bernardino County DBH, Drug Medi-Cal Organized Delivery System, County Implementation Plan
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