

## Behavioral Health Services (BHS) – Information Notice

<b>To:</b>	<b>Drug Medi-Cal Organized Delivery System (DMC-ODS) Contracted Service Providers</b>
<b>From:</b>	<b>Behavioral Health Services</b>
<b>Date:</b>	<b>October 16, 2020</b>
<b>Title</b>	<b>Transitional Care Services (Revised from <a href="#">12/23/19</a>)</b>

**Transitional care services (TCS)** are defined as services that assist clients with substance use disorder (SUD) in successfully navigating transitions in care prior to admission or post-discharge from a level of care. These services replaced the “Assessed Not Admitted” process described in the [Quality Management Memo dated October 18, 2018](#). Effective January 1, 2020, TCS is available to all DMC-ODS programs offering individual or case management services.

TCS is used to facilitate warm handoffs and effective coordination of care by a program that is not currently treating the client. Examples of TCS include:

- Initial assessment using the Initial Level of Care (ILOC) Assessment form, and coordination of care services provided to an individual prior to admission to determine where the individual’s clinical needs would be most appropriately served.
- Coordination of care when a client enrolled in a SUD treatment level of care is assessed as needing to transition to a different level of care, and a warm handoff is conducted within thirty (30) days post-discharge from the current level of care to facilitate transition of the client to another program that provides the appropriate level of care.
- Coordination of care services by a receiving outpatient or residential SUD treatment program, within thirty (30) days prior to admission to the outpatient or residential treatment program, to assist with discharge planning and warm handoff related to transition from a hospital stay.
- Coordination of care services within thirty (30) days post-discharge from an outpatient or residential SUD treatment program to follow-up with probation, collateral contacts, or other treatment providers as needed when there is a signed and valid 42 CFR, Part 2-compliant Release of Information in place.

**TCS are billable claims under the following circumstances:**

- The client has a primary SUD diagnosis per DSM-5 criteria, excluding SUD diagnoses related to tobacco use or behavioral (non-substance) addictions such as gambling.
- The client is not currently incarcerated.
- The client is not currently enrolled in Recovery Services at any Drug Medi-Cal Organized Delivery System (DMC-ODS) program.
- The service was provided by program staff who is a registered or certified SUD counselor or a LPHA.
- There is a progress note completed and signed within 7 calendar days of the service by the program staff providing the service.

**TCS may be provided and claimed by levels of care as follows:**

<b>OUTPATIENT LEVELS OF CARE</b> (OS, IOS, OTP)	<b>RESIDENTIAL LEVEL OF CARE</b>
Individuals Services (includes assessment, collateral, and crisis services)	Case Management Only (includes assessment, collateral, crisis services, and case management)
Case Management	

**For More Information:**

- Contact [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov)

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Please refer to the Quick Guide for Case Management Activities on the [Toolbox tab of DMC-ODS page of the Optum website](#) for guidance on billable case management services.

### Documentation standards for TCS:

All TCS must be documented on a progress note as Individual or Case Management activities. The TCS progress note should include information on all resources provided and warm handoff steps taken to link the client with the appropriate level of care. Progress notes must be completed within timelines and meet all progress note requirements to claim the service. Additional documentation, including Releases of Information, may be necessary to conduct the warm handoff appropriately.

If the client is not currently enrolled in the provider’s program (i.e. they are assessing but not admitting a client, or they are receiving a client who is stepping up or down to the level of care they provide) the program must create a process for retention of TCS documentation that are provided. This may be done on paper or electronically if all regulations regarding storage of confidential client information are met. All documentation related to transitional care service provision must be stored by the program per their documentation retention policy for these clients and must be readily accessible for review by the program’s Contracting Officer’s Representative (COR) and/or the BHS SUD Quality Management (QM) unit.

Please review the TCS SanWITS Tip Sheet for guidance on how to enter a client in a TCS program enrollment and how to enter TCS Case Management encounters in SanWITS.

**Note: A client cannot be enrolled in SanWITS in TCS for more than 30 days at a time.**

Collaborative Court programs: Please note that the “Assessed Delayed Admit” process discussed in the October 18, 2018 Quality Management memo remains available to be used by Collaborative Court Programs when an individual is incarcerated, and Medi-Cal cannot be billed.

For questions regarding this memo, please contact [QIMatters.HHSA@sdcountry.ca.gov](mailto:QIMatters.HHSA@sdcountry.ca.gov).

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