

QUALITY MANAGEMENT MEMO

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES

To: DMC-ODS Outpatient and Residential Providers

From: Tim Tormey, Behavioral Health Program Coordinator

Re: **Transitional Care Services**

Date: December 23, 2019

Dear Outpatient and Residential Providers in the DMC-ODS:

Transitional care services (TCS) are defined as services that assist clients in successfully navigating transitions in care, prior to admission or post-discharge from a level of care. As these services will now be DMC billable, TCS replaces the previous “Assessed Not Admitted” process described in the [Quality Management Memo dated October 18, 2018](#). Effective January 1, 2020, TCS is available to all programs that offer case management services.

Collaborative Court programs: *Please note that the “Assessed Delayed Admit” process discussed in the October 18, 2018 Quality Management memo will still be available for your programs as this will be used when someone is incarcerated, and Medi-Cal cannot be billed.*

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

- Coordination of care services provided to a client prior to admission when the client has been assessed by the program, as documented on the Initial Level of Care (LOC) Assessment form, and it has been determined that the client’s needs would be better met at a different level of care than is offered at that program.
- Coordination of care when assessment during a client’s treatment, as documented on the ASAM Level of Care (LOC) Assessment form, indicates the need for a different level of care, and a warm handoff is needed to facilitate transition of the client to another program that provides the appropriate level of care.
- Coordination of care services to assist with warm handoff as part of discharge planning related to transition from a hospital stay.
- Coordination of care services post-discharge from a treatment program to follow-up with probation, collateral contacts, or other treatment providers as needed when there is a signed and valid 42 CFR-compliant Release of Information in place.

TCS are billable claims under the following circumstances:

- The client has a primary substance use disorder (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 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.



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Currently, all TCS are claimed as case management services. 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 services must be documented on a progress note as 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 in order to claim the service. Additional documentation, including Releases of Information, may be necessary in order to conduct the warm handoff effectively.

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 documentation of TCS services that are provided. This may be done on paper or electronically as long as all regulations regarding storage of confidential client information are met. All documentation related to TCS 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 COR and/or the BHS SUD 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 a TCS program for more than 30 days at a time in SanWITS.

For questions regarding this memo, please contact QIMatters.HHSA@sdcounty.ca.gov.



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