



# Quality Assurance Bulletin

## Quality Assurance Unit

County of Los Angeles – Department of Mental Health

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## CONTINUITY OF CARE FOR MEDI-CAL BENEFICIARIES

This Bulletin provides guidance to all Los Angeles County Department of Mental Health (LAC-DMH) Providers and administrative units regarding Continuity of Care requirements per Department of Health Care Service (DHCS) Information Notice (IN) 18-059. The Federal Cares Act (42 CFR, 438.62) requires that all Medi-Cal beneficiaries who meet criteria to access Specialty Mental Health Services (SMHS) have the right to request Continuity of Care. The Medi-Cal Beneficiary Handbook provides guidance to Medi-Cal beneficiaries on their Continuity of Care rights. The LAC-DMH Quality Assurance (QA) Unit will be responsible for Continuity of Care determinations.

### What is Continuity of Care?

Continuity of Care is the option for a Medi-Cal beneficiary to continue receiving services for up to twelve months from their existing (current) provider after the beneficiary has moved to another county or has transitioned from a mental health plan to a managed care plan or vice versa. Through Continuity of Care, the beneficiary has the ability to continue receiving services, for a limited period of time, from a provider that has become "out-of-network". Continuity of Care is designed to allow a beneficiary to complete treatment with an existing provider and/or support the smooth transition of services to a new provider.

### LA County Beneficiary Receiving Services Outside of Our Plan:

If a Los Angeles County Medi-Cal beneficiary who qualifies for SMHS is seeing a provider that is not a directly-operated or contracted provider of LAC-DMH, the provider they are seeing is considered "out-of-network" and they may request Continuity of Care from LAC-DMH. For example:

1. A beneficiary receiving SMHS in Kern County moves to LA County and acquires LA County Medi-Cal. The beneficiary requests to continue receiving SMHS from the Kern County provider. In this case, the Kern County provider becomes the "out-of-network" provider.
2. A beneficiary with Kaiser Medi-Cal and receiving non-SMHS from a Kaiser therapist is determined to now meet access criteria for SMHS. The beneficiary requests to continue receiving services from the Kaiser therapist. In this case, the Kaiser therapist becomes the "out-of-network" provider.

In the above situations, a formal request for Continuity of Care shall be made in person, by telephone, or in writing by the beneficiary, their legal representative, or the out-of-network provider to the LAC-DMH QA Unit at (213) 943-8268 or [networkadequacy@dmh.lacounty.gov](mailto:networkadequacy@dmh.lacounty.gov). The request for Continuity of Care shall minimally include the date of request, beneficiary's name, contact information, insurance information, birthdate, and the pre-existing provider's name and contact. The MH 756 Continuity of Care Request Form may be used to gather the required information and initiate the process; however, this form is not required.

Once Continuity of Care is requested, the LAC-DMH QA Unit will work with the beneficiary and existing provider to determine if Continuity of Care conditions have been met and the provider agrees to all State requirements for SMHS. Continuity of Care is not guaranteed solely based on submitting a request. If a Continuity of Care request is denied for any reason, LAC-DMH will notify the beneficiary and/or authorized representative.

### Beneficiary Receiving Services in Our Plan Who Is Either from Other County or Managed Care Plan:

If a Medi-Cal beneficiary is seeing a provider that is a directly-operated or contracted provider of LAC-DMH and either transfers their Medi-Cal to another county of jurisdiction due to a change in residence or no longer

qualifies for SMHS, the LAC-DMH provider becomes “out-of-network” and the beneficiary may request Continuity of Care from their new County or Managed Care Plan. For example:

1. A beneficiary receiving SMHS from an LAC-DMH provider is determined to be appropriate for transition to a Medi-Cal managed care non-SMHS provider. The beneficiary requests to continue receiving services from the LAC-DMH provider. In this case, the LAC-DMH provider becomes the "out-of-network" provider.
2. A beneficiary receiving SMHS from an LAC-DMH provider moves to San Bernardino County and acquires San Bernardino County Medi-Cal. The beneficiary requests to continue receiving SMHS from the LAC-DMH provider. In this case, the LAC-DMH clinic becomes the "out-of-network" provider.

In the above situations, the beneficiary and/or authorized representative must direct the Continuity of Care request to their new network of care. If a directly-operated provider or administrative unit becomes aware of this situation, please contact the QA Unit at [NetworkAdequacy@dmh.lacounty.gov](mailto:NetworkAdequacy@dmh.lacounty.gov).

If directly-operated or contracted providers have any questions related to this Bulletin, please contact the QA Unit at [NetworkAdequacy@dmh.lacounty.gov](mailto:NetworkAdequacy@dmh.lacounty.gov).

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