

DATE: November 18, 2024

Behavioral Health Information Notice No: 24-039

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators
Disability Rights California
California Chapter of the American College of Emergency Physicians
Managed Care Plans regulated by DHCS

SUBJECT: Model care coordination plan: Implementation of Assembly Bill (AB) 2242 (Santiago, Chapter 867, Statutes of 2022)

PURPOSE: This Behavioral Health Information Notice (BHIN) is to ensure the timely and effective implementation of a model care coordination plan for Lanterman-Petris-Short (LPS) Act-designated and approved facilities.

REFERENCE: [Welfare and Institutions \(W&I\) Code § 5402.5](#)

BACKGROUND

[AB 2242](#) made amendments and additions to the LPS Act. Welfare and Institutions (W&I) Code § [5402.5](#), added by AB 2242, required the Department of Health Care Services (DHCS) to convene a stakeholder group by December 1, 2023, to create a model care coordination plan (MCCP) to be followed when discharging individuals who experience temporary holds under W&I Code section [5152](#) or a conservatorship. As required by AB 2242, the stakeholder group convened by DHCS included, but was not limited to, representatives from the County Behavioral Health Directors Association of California, the California Chapter of the American College of Emergency Physicians, the California Hospital Association, advocacy organizations representing those who have been involuntarily detained or conserved, and individuals who have been detained or

conserved.

This BHIN summarizes key requirements from AB 2242 that apply to county behavioral health departments and LPS-designated facilities and encloses the M CCP developed in consultation with the stakeholder group.

POLICY

Care coordination for individuals experiencing temporary holds or conservatorship is a shared responsibility between, at a minimum, the county, the facility, and the health care payer, if different from the county. The enclosed M CCP addresses the roles of each entity to ensure continuity of services and care for all individuals exiting involuntary holds. It includes a detailed plan and a scheduled first appointment with the health plan, the behavioral health plan, a primary care provider, or another appropriate provider to whom the person has been referred¹. This M CCP serves as a model containing the essential care coordination elements required under WIC 5402.5. It is not a DHCS form or template that must be used in its current format. It can be expanded to include additional care coordination elements and adapted for integration with each facility's records and workflows, as long as the minimum required elements are incorporated.

Each county behavioral health department, or the health care payer if different from the county, shall ensure that a care coordination plan that ensures continuity of services and care in the community for all individuals exiting holds or a conservatorship is established.

All facilities designated by counties for evaluation and treatment shall implement the enclosed M CCP.

If you have questions regarding this Information Notice, please contact the Mental Health Licensing Branch at MHLC@dhcs.ca.gov or (916) 323-1864.

Sincerely,

Original signed by

Janelle Ito-Orille, Chief
Licensing and Certification Division

Enclosure

¹ [W&I Code § 5257.5](#) For purposes of care coordination and to schedule a follow up appointment, the health plan, mental health plan, primary care provider, or other appropriate provider to whom the individual has been referred shall make a good faith effort to contact the referred individual no fewer than three times, either by email, telephone, mail, or in-person outreach, whichever method or methods is most likely to reach the individual.