

San Diego County MHP and DMC-ODS
Policy/Procedure: **Care Coordination and Collaboration**
Date: September 30, 2025

I. PURPOSE

To establish processes for coordinating Members' access to care and services.

II. BACKGROUND

On October 12, 2023, DHCS released BHIN [23-056](#) Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Medi-Cal Mental Health Plans and [Attachment 1](#) and BHIN [23-057](#) Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Drug Medi-Cal Organized Delivery System Counties and [Attachment 1](#). Both BHINs provide guidance to county Mental Health Plans (MHP) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS) entering a Memoranda of Understanding (MOU) with Managed Care Plans (MCP). The MOU template outlines the responsibilities and obligations of each party to coordinate and facilitate the provision of services to members where they are served by both parties. In addition, the BHIN specifies the oversight, compliance, and reporting requirements.

III. POLICY

The Parties will coordinate Members' access to care and services.

[MHP] The Parties will ensure Medically Necessary NSMHS and SMHS provided concurrently are coordinated and non-duplicative.

IV. SCOPE

The scope of this policy applies to County BHS, MCP, and their providers who work directly with members, caregivers, and providers.

V. PROCEDURES

A. Care Coordination

1. Both Parties will discuss and address individual care coordination issues or barriers to care coordination efforts at least quarterly or when indicated.
2. Parties will maintain cross-system collaboration with DMC-ODS and identify strategies to monitor and assess the effectiveness of the MOU.
 - a. [MHP] Parties will ensure coordination of inpatient and outpatient medical and mental health care for all Members enrolled in MCP and receiving SMHS through MHP, and must comply with federal and State law, regulations, and guidance, including Cal. Welf. & Inst. Code Section 5328.
3. Parties will coordinate Members' care that address:
 - a. The specific point of contact from each Party, if someone other than each Party's Responsible Person, to act as the liaison between Parties and be responsible for initiating, providing, and maintaining ongoing care coordination for all Members under this MOU;
 - b. Coordination of the delivery of Medically Necessary Covered Services with the Member's Primary Care Provider, including without limitation transportation services, home health services, and other Medically Necessary Covered Services for eligible Members;
 - c. [DMC-ODS] The requirement for DMC-ODS to refer Members to MCP to be assessed for care coordination and other similar programs and other services for which they may

qualify provided by MCP including, but not limited to, ECM, CCM, or Community Supports;

- d. [DMC-ODS] MCP and DMC-ODS will engage in collaborative treatment planning to ensure care is clinically appropriate and non-duplicative and considers the Member's established therapeutic relationships;
- e. [DMC-ODS] MCP and DMC-ODS will ensure the Member is engaged and participates in their care program and a process for ensuring the Members, caregivers, and providers are engaged in the development of the Member's care;
- f. [DMC-ODS] Reviewing and updating a Member's problem list, as clinically indicated, i.e., must describe circumstances for updating problem lists and coordinating with outpatient SUD providers;
- g. [DMC-ODS] A process for how the Parties will engage in collaborative treatment planning and ensure communication among providers, including procedures for exchanges of medical information;
- h. [MHP] Coordinating care for individuals who meet access criteria for and are concurrently receiving NSMHS and SMHS consistent with the No Wrong Door for Mental Health Services Policy described in APL 22-005 and BHIN 22-011 to ensure the care is clinically appropriate and non-duplicative and considers the Member's established therapeutic relationships;
- i. [MHP] Permitting Members to concurrently receive NSMHS and SMHS when clinically appropriate, coordinated, and not duplicative consistent with the No Wrong Door for Mental Health Services Policy described in APL 22-005 and BHIN 22-011.
- j. Both Parties shall ensure that Members and network providers can coordinate coverage of Covered Services and carved-out services outside of normal business hours, as well as providing or arranging for 24/7 emergency access to psychiatric inpatient hospital, Covered Services, and carved-out services.

B. Transitional Care:

1. Parties shall coordinate transitional care services for Members. A "transitional care service" is defined as the transfer of a Member from one setting or level of care to another, including, but not limited to, discharges from hospitals, institutions, and other acute care facilities and skilled nursing facilities to home- or community-based settings, level of care transitions that occur within the facility, or transitions from outpatient therapy to intensive outpatient therapy and vice versa.
 - a. [DMC-ODS] For Members who are admitted for residential SUD treatment, where DMC-ODS is the primary payor, DMC-ODS is primarily responsible for coordination of the Member upon discharge.
 - b. [MHP] For Members who are admitted to an acute psychiatric hospital, psychiatric health facility, adult residential, or crisis residential stay, including, but not limited to, Short-Term Residential Therapeutic Programs and Psychiatric Residential Treatment Facilities, where MHP is the primary payer, MHPs are primarily responsible for coordination of the Member upon discharge.
 - c. In collaboration with DMC-ODS and/or MHP, MCP is responsible for ensuring transitional care coordination as required by Population Health Management, including, but not limited to:
 - i. Tracking Admissions, Discharges, or Transfers from facilities contracted by DMC-ODS and/or MHP (e.g., psychiatric inpatient hospitals, psychiatric health facilities, residential mental health facilities).
 - ii. Approving prior authorizations and coordinating services where MCP is the primary payer (e.g., home services, long-term services, and supports for dual-eligible Members).
 - iii. Ensuring the completion of a discharge risk assessment and developing a discharge planning document.
 - iv. Assessing Members for any additional care management programs or services for which they may qualify, such as ECM, CCM, or Community Supports, and referring the Member in the program as appropriate.

- v. Notifying existing Care Managers of any admission if the Member is already enrolled in ECM or CCM.
 - vi. Assigning or contracting with a care manager to coordinate with county care coordinators to ensure physical health follow-up needs are met for each eligible Member as outlined by the Population Health Management Policy Guide.
2. Parties shall update and oversee the implementation of the discharge planning documents as required for Members transitioning to or from MCP or DMC-ODS and/or MHP services.
 3. [DMC-ODS] For inpatient residential SUD treatment provided by DMC-ODS or for inpatient hospital admissions or emergency department visits known to MCPs, process would include a notification of MCP and DMC-ODS within 24 hours of admission and discharge as well as the method used to arrange for and coordinate appropriate follow-up services.
 4. [MHP] For inpatient mental health treatment provided by MHP or for inpatient hospital admissions or emergency department visits known to MCP, the process must include the specific method to notify each Party within 24 hours of admission and discharge and the method of notification used to arrange for and coordinate appropriate follow-up services.
 5. [MHP] The Parties must address changes in a Member's medical or mental health condition when transferring between inpatient psychiatric service and inpatient medical services, including direct transfers.

C. Clinical Consultation

1. [DMC-ODS] The Parties ensure that Members have access to clinical consultation, including consultation on medications, as well as clinical navigation support for patients and caregivers.
2. [MHP] The Parties to provide clinical consultations to each other regarding a Member's mental illness, including consultation on diagnosis, treatment, and medications.
3. [MHP] The Parties review and update a Member's problem list, as clinically indicated (e.g., following crisis intervention or hospitalization), including when the care plan or problem list must be updated, and coordinating with outpatient mental health Network Providers.

D. Enhanced Care Management:

1. Delivery of the ECM benefit for individuals who meet ECM Population of Focus definitions (including, but not limited to, the Individuals with Severe Mental Illness and Children Populations of Focus) must be consistent with DHCS guidance regarding ECM, including:
 - a. Assignment Priority by MCP. MCPs will prioritize assigning a Member to a DMC-ODS and/or MHP Provider as the ECM Provider if the Member receives DMC-ODS and/or MHP services from that Provider and that Provider is a contracted ECM Provider. This prioritization stands unless the Member has expressed a different preference or MCP identifies a more appropriate ECM Provider based on the Member's individual needs and health conditions.
 - b. Referrals. DMC-ODS and/or MHP Providers shall refer their patients to MCP for ECM if the patients meet Population of Focus criteria.
2. Avoiding Duplication of Services. Both Parties shall avoid duplication of services for individuals receiving ECM with:
 - a. [DMC-ODS] Care Coordination. MCP's Members receiving DMC-ODS Care Coordination can also be eligible for and receive ECM.
 - i. MCP shall ensure the non-duplication of services for MCP's Members who are receiving both ECM and DMC-ODS Care Coordination.
 - b. [MHP] Targeted Case Management (TCM), Intensive Care Coordination (ICC), and/or Full Service Partnership (FSP) services as set forth in ECM Policy Guide, as revised or superseded from time to time and coordination activities.

E. Community Supports:

1. Coordination with applicable Community Supports providers under contract with MCP shall include:

- a. Identification of Points of Contact. The identified point of contact from MCP and DMC-ODS and/or MHP to act as the liaison to oversee initiating, providing, and maintaining ongoing coordination as mutually agreed upon in MCP's and DMC-ODS and/or MHP protocols.
- b. Identification of Covered Community Supports by MCP.
- c. Referral Process by DMC-ODS and/or MHP for Members eligible for or receiving Community Supports.

F. Eating Disorder Services.

1. [MHP] MHP is responsible for the SMHS components of eating disorder treatment and MCP is responsible for the physical health components of eating disorder treatment and NSMHS, including, but not limited to, those in APL 22-003 and BHIN 22-009, and any subsequently issued superseding APLs or BHINs, and must develop a process to ensure such treatment is provided to eligible Members, specifically:
 - a. MHP must provide for medically necessary psychiatric inpatient hospitalization and outpatient SMHS.
 - b. MCP must also provide or arrange for NSMHS for Members requiring eating disorder services.
2. [MHP] For partial hospitalization and residential eating disorder programs, MHP is responsible for medically necessary SMHS components, while MCP is responsible for the medically necessary physical health components.
 - a. MCP is responsible for the physical health components of eating disorder treatment, including emergency room services, and inpatient hospitalization for Members with physical health conditions, including those who require hospitalization due to physical complications of an eating disorder and who do not meet criteria for psychiatric hospitalization.

G. Prescription Drugs:

1. MCPs and DMC-ODS and/or MHP shall coordinate prescription drug, laboratory, radiological, and radioisotope service procedures:
 - a. [DMC-ODS] Include referring eligible Members for SUD services to a DMC-ODS program in accordance with the Medi-Cal Managed Care Contract.
 - b. [MHP] MHP is obligated to provide the names and qualification of prescribing physicians to the MCP.
 - c. [MHP] MCP provides the MCP's procedures for obtaining authorization of prescribed drugs and laboratory services, including a list of available pharmacies and laboratories.

VI. REVIEW STATEMENT

The Medi-Cal Behavioral Health policies and procedures are subject to amendment at any time at the discretion and mutual agreement of the County of San Diego Behavioral Health Services Division and Managed Care Health Plans.

VII. REFERENCES

- A. MCP's Medi-Cal Managed Care Contract Exhibit A, Attachment III
- B. MHP Contract
- C. DMC-ODS Intergovernmental Agreement
- D. California DHCS Behavioral Health Information Notice (BHIN) [23-056](#) Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Medi-Cal Mental Health Plans and [Attachment 1](#)
- E. California DHCS Behavioral Health Information Notice (BHIN) [23-057](#) Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Drug Medi-Cal Organized Delivery System Counties and [Attachment 1](#).

F. CalAIM Population Health Policy Guide

VIII. ATTACHMENTS

N/A

IX. REVIEW/REVISION HISTORY

First Issued: September 30, 2025