

# **CONTINUITY OF CARE**



**CONTRA COSTA COUNTY  
BEHAVIORAL HEALTH SERVICES**

## **LANGUAGE ASSISTANCE**

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### **English**

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call (888) 678-7277 (TTY: 711).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call (888) 678-7277 (TTY: 711).

### **Español (Spanish)**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 678-7277 (TTY: 711).

### **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (888) 678-7277 (TTY: 711).

### **Tagalog (Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (888) 678-7277 (TTY: 711).

### **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (888) 678-7277 (TTY: 711)

번으로 전화해 주십시오.

## **繁體中文 (Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (888) 678-7277 (TTY: 711)。

## **Հայերեն (Armenian)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք (888) 678-7277 (TTY: 711)։

## **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (888) 678-7277 (TTY: 711)։

## **فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد با (888) 678-7277 (TTY: 711) تماس بگیرید.

## **日本語 (Japanese)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(888) 678-7277 (TTY: 711) まで、お電話にてご連絡ください。

## **Hmoob (Hmong)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (888) 678-7277 (TTY: 711).

## ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (888) 678-7277 (TTY: 711) ' ਤੇ ਕਾਲ ਕਰੋ।

## العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (888) 678-7277 رقم هاتف الصم والبكم: 711

## हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (888) 678-7277 (TTY: 711) पर कॉल करें।

## ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (888) 678-7277 (TTY: 711).

## ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អរ សើ ិនជាអ្នកនិយាយ ភាសាខ្មែរ ,  
រសវាជន្មមននកភាសា រោយមិនគិត្ន្ន្ន  
គីអាចមានសំរា ំ ំររ អុើ នក។ ចូ ទូ សព្វ (888) 678-7277 (TTY:  
711)។

## ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,  
ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,  
ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ (888) 678-7277 (TTY:  
711).

# Continuity of Care

All eligible Medi-Cal beneficiaries who meet medical necessity criteria for Specialty Mental Health Services (SMHS) have the right to request continuity of care. Beneficiaries with pre-existing provider relationships who make a continuity of care request to Contra Costa Mental Health Plan (CCMHP) shall be given the option to continue treatment for up to 12 months with an out-of-network Medi-Cal provider or terminated network provider, necessary to complete a course of treatment and to arrange for a safe transfer to another provider.

## **Procedures:**

A beneficiary, the beneficiary's authorized representatives, or the beneficiary's provider may make a direct request to CCMHP for continuity of care. Beneficiaries may request continuity of care in person, in writing, or via telephone and shall not be required to submit an electronic or written request. CCMHP shall provide reasonable assistance to beneficiaries in completing requests for continuity of care, including oral interpretation and auxiliary aids and services.

## **Timeline:**

Each continuity of care request must be completed within the following timelines:

- Thirty (30) calendar days from the date CCMHP received the request;
- Fifteen (15) calendar days if the beneficiary's condition requires more immediate attention, such as upcoming appointments or other pressing care need: or,

- Three (3) calendar days if there is a risk of harm to the beneficiary.

### **Out-Of-Network Providers:**

CCMHP shall provide continuity of care with an eligible out-of-network Medi-Cal provider if all of the following conditions are met:

1. CCMHP is able to determine that the beneficiary has an existing relationship with the provider;
2. The provider type is consistent with the State Plan and the provider meets the applicable professional standards under the law;
3. The provider agrees, in writing, to be subject to the same contractual terms and conditions that are imposed upon currently contracting network providers;
4. The provider agrees, in writing, to comply with State requirements for SMHS;
5. The provider supplies the MHP with all relevant treatment information for the purpose of determining medical necessity;
6. The provider is willing to accept the higher of CCMHP's contract rates or Medi-Cal FFS rates; and,
7. CCMHP has not identified, verified, and documented disqualifying quality of care issues to the extent that the provider would not be eligible to provide services to any other beneficiaries of CCMHP.

For more information on Continuity of Care or how to request it, please contact the **ACCESS LINE** at **1-888-678-7277**.

## **Our Mission**

The mission of Contra Costa Behavioral Health, in partnership with consumers, families, staff and community-based agencies, is to provide welcoming, integrated services for mental health, substance abuse, homelessness and other needs that promote wellness, recovery, and resiliency while respecting the complexity and diversity of the people we serve.

## **Our Vision**

Contra Costa Behavioral Health envisions a system of care that supports independence, hope, and healthy lives by making accessible behavioral health services that are responsive, integrated, compassionate, and respectful.