CONTINUITY
OF CARE

CONTRA COSTA COUNTY
BEHAVIORAL HEALTH SERVICES
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)

Tagalog (Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulungan 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)
ՈՒՇԱՑՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Համախառնություն (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).

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)
Punjabi (Punjabi)

ध्यान दें: आप अपनी वाक्यांश के लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (888) 678-7277 (TTY: 711) पर कॉल करें।

العربية (Arabic)

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

Hindi (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)

ប្រៀបធៀប ដោយ មាន សុវត្ថិភាព ការប្រើប្រាស់ ទូរស័ព្ទ គ្រប់ប្រភេទ ែខ ។ បង្ហាញឱ្យមានទំនិញ ែខ ។ ដោយអត់ ែខ ។ (888) 678-7277 (TTY: 711)។

ພາສາລາວ (Lao)

โปรดทราบ: ถ้าคุณพูดภาษาลาว, ท่านสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี, ดูบัตรเงินสด, แม่บ้านผีเสื้อมินิเติม. โทร (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.