MARIN COUNTY
BEHAVIORAL HEALTH AND
RECOVERY SERVICES
(BHRS)

CONTINUITY OF CARE

If you are already receiving mental health services from another County Mental Health Plan (MHP), a managed care plan, or an individual Medi-Cal practitioner; you may make a request for "Continuity of Care" so that you can stay with your current provider, for up to 12-months, under certain conditions.

MARIN HEALTH & HUMAN SERVICES
Health, Well-being & Safety

Return complete form to receptionist, or mail it to: BHRS Quality Management
20 N. San Pedro Rd.
San Rafael, CA 94903
Phone: 1-888-818-1115 (toll-free)

WHAT IS "CONTINUITY OF CARE"

"Continuity of Care" means that clients have the option to continue to receive services from the provider that they were seeing before enrolling with BHRS.

HOW TO MAKE THE REQUEST

A client, the client's authorized representative, or a client's provider can make the request to BHRS to continue to receive services from their current or previous provider if that provider was seen within the last 12 months. Clients can make the request in writing, or via telephone. The request does not need to be submitted on paper or electronic form. However, BHRS will need to collect all the information needed verbally to decide whether to grant the request.

If you need help completing the request for "Continuity of Care", let the receptionist or your provider know and s(he) will make sure that you get the help that you need at no cost to you.

HOW LONG WILL I HAVE TO WAIT AFTER BHRS RECEIVES MY REQUEST

Each "Continuity of Care" request is completed within the following timeframes:

- 30 calendar days for non-urgent requests.
- 15 calendar days if client needs more immediate attention.
- Within 3 calendar days if there is a risk of harm to the client.

REQUIREMENTS FOR PROVIDERS

If your provider is an out-of-network provider, all the following conditions must be met:

- You have an existing relationship with the provider you are requesting;
- You need to stay with your current provider to continue ongoing treatment or because it would hurt your mental health condition to change to a new provider;
- The provider meets certain requirements under state and federal law; and,
- The provider agrees to the MHP's terms and conditions for contracting with the plan.

If your provider was a BHRS provider but terminated employment, the following requirements must be met in addition to the ones above:

- The provider voluntarily terminated their employment or contract, or
- BHRS terminated the provider's employment or contract for reasons *not* related to either quality of care or eligibility of the provider to participate in the Medi-Cal program.

Rev. 06/2020 - English

Continuity of Care Request Form

Mail to: Quality Management Team, 20 N. San Pedro Rd. San Rafael, CA 94903

Fax to: (415) 473-4216 Questions: 1-888-818-1115 (toll-free)

TODAY'S DATE: _____

Form must be completed in full to avoid a processing delay. You may be able to keep seeing your out-of-network or terminated provider. We will review your request for "Continuity of Care" based on the information provided. You will receive written notification of our decision.

CLIENT INFORMATION

Client's Last Name	Client's First Name	Client's MI
Client's Date of Birth (mm/dd/yyyy)	Client's Phone Number	
Client's Address (street, city, zip code)		
Client's Currently Assigned BHRS Clinician	Program Assigned To Within BHRS	

PROVIDER INFORMATION

Full name of provider the client is requesting to continue services with			
Provider's address (street, city, zip code)			
Provider's Phone Number	Next Scheduled Appt. Date (if applicable)		
Reason for Next Scheduled Appointment (if applicable)			
Has the client been seen by the provider at least once in the past 12 months? ☐Yes ☐No	Last Appointment Date:	Is the requested provider an out-of-network provider? ☐Yes ☐No	Is the requested provider a former BHRS provider or a terminated provider? ☐Yes ☐No

ADDITIONAL INFORMATION

Will the client be suffering a serious detriment to their health or be at risk for hospitalization or institutionalization if not allowed to continue receiving care from the existing provider? ☐Yes ☐No
Is the client making significant progress with their current provider? ☐Yes ☐No