

Behavioral Health Services (BHS) – Information Notice

To:	Drug Medi-Cal Organized Delivery System (DMC-ODS) Contracted Service Providers
From:	Behavioral Health Services
Date:	June 23, 2022
Title	New Program Enrollment – Before Admission/After Discharge <i>(Supersedes 12/23/19 Transitional Care Services Memo)</i>

Effective 7/1/2022, the new “Before Admission/After Discharge” SanWITS program enrollment will be available, replacing the current Transitional Care Services (TCS)” program enrollment.

This aligns with CalAIM changes and eliminate confusion with the label TCS. Previously TCS was often limited to care coordination services rendered to clients for a specific time. The new program enrollment eliminates timelines and allows clients to receive more consistent and longer-term before and aftercare. It is separate from the Initial Assessment and Services Provided During the Assessment Process as defined in [DHCS Information Notice 21-075](#).

Residential programs must still follow the authorization requirements in order to bill bed days but can still provide and bill case management under the new program enrollment before admission or after discharge from the program.

Before Admission/After Discharge does not require an ASAM assessment; however, a diagnosis must be present. This could be a diagnosis provided by the prior treatment provider for clients before admission, the client’s most recent diagnosis if providing aftercare at the same program, or a z-code as identified in [DHCS Information Notice 22-013](#), including the Social Determinants of Health as defined in [All Plan Letter 21-009](#). All programs should continue with their current screening process for clients before admission; however, once a client is admitted and the assessment process begins, they must be admitted under the normal program enrollment.

Examples of Before Admission/After Discharge could include but are not limited to:

- Providing care coordination and effective warm hand-offs to a higher or lower level of care.
- Continued care coordination with housing, Primary Care Physicians, or other community providers before or after treatment.
- Care coordination, communication, and other services between programs and the justice system for justice-involved clients.
- A reminder that coordination of care requires that a signed and valid 42 CFR, Part 2-compliant Release of Information are in place.

Before Admission/After discharge claims are billable under the following circumstances:

- The client has a primary SUD diagnosis per DSM-5 criteria or a z-code as defined in [DHCS Information Notice 22-013](#), excluding SUD diagnoses related to tobacco use or behavioral (non-substance) addictions such as gambling.
- The client is not currently incarcerated.
- The client is not currently enrolled in Recovery Services at any Drug Medi-Cal Organized Delivery System (DMC-ODS) program.
- The service was provided by program staff who is a registered or certified SUD counselor, Peer Support Specialist, or an LPHA.
- There is a progress note completed and signed within 3 calendar days of the service by the program staff providing the service that meets current Progress Note requirements.

TCS may be provided and claimed by levels of care as follows:

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OUTPATIENT LEVELS OF CARE (OS, IOS, OTP)	RESIDENTIAL LEVEL OF CARE	All levels of care
Individuals Services (includes collateral and crisis services)	Care Coordination (aka case management) Only (includes collateral, crisis services, and case management)	H0038: Self-Help/Peer Services.
Care Coordination (aka case management)		

For More Information:

- Contact QIMatters.HHSA@sdcounty.ca.gov