



QRTIPS

Health Care Agency • Behavioral Health Services • CYS Quality, Review & Training

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Using the CYS Coordination of Care report to establish Correct Medi-Cal Timelines:

- **What exactly is the “CYS Coordination of Care report?”** It is a report obtained from IRIS that provides a clinic/program with a client’s previous treatment history necessary to determine the correct Medi-Cal service timelines in effect. This report can be run for any client who has an assigned Medical Record Number (MRN) in IRIS. *(A sample COC report is shown on the next page.)*
- Information included in the CYS Coordination of Care report enables CYS clinics/contractors to see previous client history and Episodes of Care (EOC’s) before the client is admitted in the clinic/contract’s treatment program. The clinic/contractor needs to complete a BHS Pre-Reg encounter for the client in order to establish a “Program Referral” relationship with the potential client. Adding this “Program Referral” allows the clinic/contractor to “see” the client’s previous and current encounter/EOC history. This report is typically run for new or potential clients that may soon be admitted in a CYS program.
- For any new client, it is always necessary to determine **who** (clinic/program) is the actual holder of the Medi-Cal timeline. **Regardless of billing Medi-Cal or not.** In order to do this, review the CYS Coordination of Care report and look at the **most recent** Episode of Care (EOC). Each “Episode of Care” will have a corresponding EOC Start Date, EOC End Date, and an EOC Name.
- If the “EOC End Date” in the **most recent** Episode of Care is over 90 days from your admission date, then YOU are the holder of the Medi-Cal timeline. When this is the case, your program has the full 60 days to complete your assessment paperwork.
- If the CYS Episode of Care report shows **several EOCs without a 90 day break in treatment** between them, you must then trace back to see which clinic was the original holder of the Medi-Cal timeline. For example, the most recent EOC may be closed, but an earlier EOC may still be open. You would use that clinic/program’s Medi-Cal timeline as your own and you would then have the 30 day period to complete your assessment. **Again, regardless of billing Medi-Cal or not.**
- If NO end date for services is indicated under “EOC End Date” of the **most recent** Episode of Care, the case may still be open and receiving services elsewhere. When this happens, you have 30 days to complete your initial assessment. Look under “EOC Name” to determine the CYS/contract clinic or program in which the client is already open and currently receiving services. Be sure to contact the other program in order to coordinate care and ensure that you are not mistakenly duplicating services.
- There is a Last Visit Date column on the Coordination of Care report indicating the last date that the client was seen in any given clinic/program. It is possible that a client has not been receiving services in a particular clinic/program for over 90 days, but was never formally discharged from the program in IRIS. In such a case, YOU are the holder of the Medi-Cal timelines and have the full 60 days to complete your own assessment.
- The IRIS Team has a report guide for running and using the CYS Coordination of Care report. It’s available on the CYS share drive or one can contact cysiris@ochca.com for more information.

