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North Sound Behavioral Health Organization

Section 1500 – Clinical: Intra-network Individual Transfers and Coordination of Care

Authorizing Source: North Sound BHO

Cancels:

See Also: Providers must comply with this policy and may develop individualized implementation guidelines as needed

Responsible Staff: Deputy Director

Approved by: Executive Director

Signature:

Date: 7/18/2017

POLICY # 1510.00

SUBJECT: INTRA-NETWORK INDIVIDUAL TRANSFERS AND COORDINATION OF CARE

PURPOSE

To ensure continuity and coordination of care for eligible individuals receiving services from the North Sound Behavioral Health Organization (North Sound BHO) and its contracted Behavioral Health Agencies (BHAs).

POLICY

Individuals receiving behavioral health services in the North Sound region may wish to transfer all their services from one BHA to another, or may want to augment their treatment by adding a service that is provided by another BHA within the region. It is the policy of the North Sound BHO to ensure that individuals, upon their request, are transferred to BHAs that have the capacity to meet their service needs and to ensure that individuals who wish to augment services within the region can do so. Please note: these guidelines apply only to those enrolled in mental health services who are seeking other mental health services, and/or those who are enrolled in SUD services seeking other SUD services.

Individuals who want to begin mental health services while enrolled in a SUD service and/or vice versa should follow routine processes for enrolling in the new service, and may seek an intake by calling their chosen BHA or the Volunteers of America Access Line.

Generally, individuals will transfer to another BHA when the services requested are the same services they are currently receiving. If the services requested augment the current services, then coordination of care between agencies shall be considered. The individual and the behavioral health providers involved in their care should discuss whether transfer or coordination of care is most appropriate given the individual's current services and needs.

Each BHA in the North Sound region shall have a process in place for providing services as a secondary BHA, including: designating a contact person, arranging the assessment, clinical management of care and data management. The following procedure describes the transfer and coordination process. This policy applies to individuals in a current outpatient episode authorized by North Sound BHO and current financial eligibility for BHO services. For individuals in need of services determined to be medically necessary but unavailable from a North Sound BHO-contracted BHA, please refer to North Sound BHO Policy 1522: Out of Network Referrals.

PROCEDURE

Transfers

Prior to initiating an individual's transfer from one BHA to another, the individual or legal representative shall be requested to sign a release of information allowing clinical documentation to be shared between the BHAs involved. Please note: for SUD providers, 42 CFR PART 2 must be followed as applicable. The transfer process cannot be fully facilitated by the BHA without a release of information. For individuals who refuse to work with their BHA to facilitate a transfer, please contact North Sound BHO for assistance. Individuals on Less Restrictive Orders, Conditional Releases, or Assisted Outpatient Treatment may not be transferred unless the legal process is followed to reassign responsibility for monitoring the LRO/CR/AOT.

If the plan is to transfer the individual to a specific program that has limited capacity (e.g., Mental Health Residential, Wraparound with Intensive Services (WISe), Program of Assertive Community Treatment (PACT), then the transferring BHA must first contact the other BHA to determine if space is available.

- I. If space is not available, the BHA shall not transfer the individual unless they still request the transfer for regular outpatient services at the other BHA.
- II. If space is available, the transferring BHA shall complete the appropriate referral form. If the individual is determined to be eligible for the requested service, the transferring BHA shall follow the transfer process as described below.

During the transfer process, the individual will have charts open at both BHAs - the transferring BHA retains overall responsibility for the individual's care until completion of the transfer process as noted later in this procedure.

The transferring BHA coordinates transfer of the individual to the receiving BHA by following these steps:

- I. Assist the individual to contact the Volunteers of America- Western Washington (VOA) Access Line or the other BHA to arrange the initial assessment appointment at the location of the individual's new BHA.
- II. Send completed authorization for release of information
- III. Provide the following items to the receiving BHA prior to the individual's initial assessment appointment at the receiving BHA:
 - a. Most recent intake assessment and any updates
 - b. Most recent Level of Care documentation (Child and Adolescent/Level of Care Utilization System (CA/LOCUS) form for mental health; American Society of Addiction Medicine (ASAM) placement for substance use disorder)
 - c. Global Appraisal of Individual Needs- Short Screener (GAIN-SS) form
 - d. Current Recovery/Resiliency Plan/Individual Service Plan (ISP) including most recent RRP/ISP review(s)
 - e. Health and Medical Information
 - f. Behavioral and Development information, if applicable

- g. Progress notes covering the last 30 days of treatment with additional progress notes when clinically indicated
- h. Most recent three prescriber notes, if applicable
- i. Most recent psychiatric evaluation, if applicable
- j. Medication list (current and historical), if applicable
- k. Any relevant legal records

The receiving BHA must follow typical access procedures (see North Sound Policy 1503) and offer the individual an initial assessment within 10 business days from the date the referral is made and must follow all other procedures and requirements for new individuals except where otherwise noted.

If the receiving BHA accepts the individual into services, the receiving BHA contacts the transferring BHA noting the following:

- I. The receiving BHA has accepted responsibility for treatment, including medication management, if applicable.
 - a. When prescriptive services are being transferred, the transferring BHA will provide the individual with a prescription for medications for up to 60 days unless this is not clinically indicated and the two agencies have agreed to an alternative plan.
 - b. The receiving BHA will schedule a medication evaluation within 30 days unless otherwise indicated by the mutually agreed upon plan.
- II. The transferring BHA may close the treatment episode. The transferring BHA shall close the episode in a timely manner.

The receiving BHA follows North Sound BHO Policy 1505 Authorization and Reauthorization for Outpatient Behavioral Health Services for obtaining an authorization and opening an episode of care.

If the receiving BHA believes the transfer warrants further discussion:

- I. The receiving BHA first discusses the issues with the individual and then contacts the receiving BHA's clinical director.
- II. The receiving BHA's clinical director contacts the transferring BHA's clinical director to discuss and develop a plan for the best way to meet the individual's need.
 - a. A plan shall be developed within 30 days of individual's assessment date at the receiving BHA. The transferring BHA retains responsibility for the individual's care during this period.
 - b. A BHA's decision not to serve an individual should occur only in rare instances.
 - c. Both involved BHAs follow through with the agreed upon plan.

If the agreed upon plan includes referral(s) to community resources, the transferring BHA shall coordinate and facilitate these referrals and provide assistance to the individual as needed.

- d. If the individual does not attend their assessment appointment at the receiving BHA:
 - i. The receiving BHA follows assessment “no show” protocol and closes the case if indicated.
 - ii. The transferring BHA attempts to follow-up with the individual and closes the case if indicated.

Coordination between agencies

Prior to initiating additional services at another BHA, the individual or legal guardian shall be requested to sign a release of information allowing clinical information to be shared between the agencies involved.

- I. The primary BHA shall then contact the BHA where the desired service is located (secondary BHA).
- II. Coordination of care between agencies cannot be facilitated by the BHA without a release of information. For individuals who refuse to work with their BHA to facilitate coordination, contact North Sound BHO for assistance.

If the secondary BHA is unable to accommodate the request because the service is at capacity, the primary BHA shall be directed to check back at a later date. Waiting lists shall not be utilized.

If the secondary BHA agrees to provide the requested service to the individual, all agencies involved in providing services for a single individual shall ensure there is a clear understanding of which BHA is primary and what services each BHA is providing. The primary BHA maintains responsibility for the individual’s care including crisis management.

The primary BHA clinician is to coordinate services with the secondary BHA and complete the following:

- I. Call the designated contact at the secondary BHA to arrange an initial appointment.
- II. Send completed authorization for release of information.
- III. Provide the items located in list a-k above (see Transfers section) to the receiving BHA prior to the individual’s assessment appointment at the other BHA:

If the secondary BHA, upon completion of the assessment, confirms that they will provide the requested service(s):

- I. The secondary BHA shall contact the primary BHA to:
 - a. Notify the primary BHA of the provision of the requested service and
 - b. Identify who will be responsible for the individual’s care and be the ongoing point of contact at the secondary BHA.
- II. The secondary BHA will also need to request a North Sound BHO authorization and set up an outpatient episode or special episode.
- III. All agencies involved in an individual’s care must maintain a complete clinical chart. The secondary BHA may obtain copies of certain documents from the primary BHA with a release of information, but shall complete their own versions of the following documentation:

- a. Release of information between the primary BHA and the secondary BHA providing service
 - b. Initial assessment
 - c. Current Recovery/Resiliency Plan/ISP – the plan should be complete and identify any needs being addressed by other agencies in addition to those being addressed by clinician’s own BHA
 - d. Progress notes
 - e. Documentation of coordination of care such as phone calls, exchange of relevant clinical information, etc.
 - f. Recovery/Resiliency Plan/ISP Reviews
 - g. The secondary BHA does not complete a new crisis plan, or GAIN-SS form. This information, along with other documents provided prior to assessment, shall be provided to the secondary BHA by the primary BHA.
- IV. Both agencies shall share records within legal limitations and whenever clinically indicated. If the secondary BHA, upon completion of the assessment, determines that they will not provide the requested service(s):
- a. The secondary BHA discusses the issues with the individual and contacts the secondary BHA’s clinical director.
 - b. Clinical directors discuss and develop a plan for the best way to meet the individual’s need.
 - c. A plan shall be developed within 30 days of individual’s assessment date at the secondary BHA. A BHA’s decision not to serve an individual should occur only in rare instances.

Both agencies are responsible for maintaining a current authorization as medically necessary and are expected to maintain communication regarding the necessity of continued services.

- I. If either BHA ends an episode of care or does not request reauthorization of services, this information shall be communicated to the other BHA prior to disposition. The individual may request a transfer to the secondary BHA or another BHA.
- II. In cases where transfer to the secondary BHA is requested, the primary BHA clinician shall contact the secondary BHA clinician to arrange transfer of care. This transfer process shall not go through the Access Line as an assessment has already been completed.
- III. The transferring BHA shall ensure that the receiving BHA has all required documentation as indicated previously and the receiving BHA shall complete (e.g., crisis plan and GAIN-SS form) and update (e.g., treatment plan) forms as needed to maintain a complete clinical record.
- IV. The transferring BHA may close its outpatient episode.
- V. For those individuals whose prescriptive services are being transferred or the two agencies do not agree on the necessity of transfer, follow the regular transfer procedure for these situations.

ATTACHMENTS

None