

CHELAN-DOUGLAS RSN/PHP POLICY AND PROCEDURE MANUAL		Chapter:	2.15
Title:	MANAGED CARE SERVICES	Page:	1 of 3
		Date Effective:	July 1, 2002
Subject:	REFERRAL/TRANSFERRING CONSUMER SERVICES	Date Revised:	May 23, 2006
		Authorizing Signature:	

AUTHORITY: Guiding Principle(s): Consumer Focused, Holistic/Humanitarian, Accessible, Normalizing/Non-Stigmatizing, Responsive, Effectively Managed
WAC 388-865-0225, Resource Management
RCW 71.24.025, Community Mental Health Services Act, Definitions
DSHS Standard Work Order, RSN/PHP Services
DSHS Title XIX Contract and Federal Waiver

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/Prepaid Health Plan (CDRSN/PHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: This policy ensures that under certain circumstances a consumer may transfer from one agency to another and retain his or her assigned service level and residential level of care, as applicable, or refer enrollee to services with a private provided in the case where the network provider cannot provide medically necessary services, or refer the enrollee to another CMHA outside of the CDRSN/PIHP catchments area.

DEFINITIONS: A. Provider Agency (PA). A community mental health agency accountable for the organization of mental health service delivery for all age groups within a geographic, or catchment, area. Basic services provided by a PA are crisis response and community support services (i.e., case management, residential, employment, psychiatric and medical services), as well as census management of inpatient services.

POLICY:

A. In accordance with the CDRSN/PHP Guiding Principles of consumer empowerment and self determination, consumer preference is given maximum consideration (clinical appropriateness considered), and the consumer must agree with the transfer to a new agency.

B. Certain circumstances may indicate the appropriateness or necessity of an agency transfer, e.g.:

1. Consumer moves into or out of a catchment area;
 2. Consumer requests or is identified as requiring the services of one of the other contracted provider agencies;
 3. Consumer requests a transfer of services, and by mutual agreement (including consumer, both agencies, and the CDRSN/PHP) it has been determined to be clinically appropriate and in the best interest of the consumer.
 4. The consumer is referred to a private mental health professional as the provider network does not have the capacity to meet the enrollee's medically necessary needs.
- C. All CDRSN/PHP providers shall have policies and procedures for the timely transfer of services for a consumer between CDRSN/PHP providers. (Note: Liaison/assessment staff from provider agencies have developed an interagency transfer form that is available for use.)
- D. The referring agency shall complete the consumer's termination in accordance with Chapter 2.16.
- E. The consumer shall retain his or her assigned service level and residential level of care, as applicable, in the transfer to another agency.

PROCEDURE: The CDRSN/PIHP provider network shall execute referrals of consumers requiring specialized services which cannot be provided by the current network provider, or when a consumer is planning to move to another RSN catchments area, or when the consumer requests a transfer to another provider within the network. The change in providers shall be accomplished by:

- a. If the enrollee is moving to another RSN catchment area the current MHCP shall discuss the referral with the consumer and their clinical supervisor. If all parties are in agreement, the MHCP shall secure all necessary releases of information and contact the RSN in the catchments area of relocation, requesting the closest appropriate provider in proximity of the move. The MHCP shall then contact the mental health provider. When the provider accepts the referral a date for intake shall be established. The MHCP provides the enrollee with information such as addresses and phone numbers to help ensure the consumer makes the intake appointment.
- b. If the enrollee requests a transfer of services to another provider within the CDRSN/PIHP network, the referral process is the same as in #a.
- c. If the CDRSN/PIHP provider network cannot meet the medically necessary needs of the enrollee the MHCP shall discuss referral

with the enrollee and their clinical supervisor. If the enrollee agrees to the process, the MHCP shall secure necessary releases of information and attempt to make referrals to a mental health professional that is willing to serve the enrollee. If the enrollee agrees to receive services from this out of network provider, the CDRSN/PIHP network provider must go through a credentialing process ensuring that the out of network provider is licensed, safe and has the capacity to provide necessary services to the enrollee. The CDRSN/PIHP network provider shall then enter into a contractual agreement for the out of network provider to provide necessary services for the enrollee. The CDRSN/PIHP network provider is responsible for all costs related to the service. The MHCP will arrange for the intake, and all necessary reports to the network provider to ensure the needs of the enrollee are being met.

SEE ALSO: Chapter 2.7, Service Level Determination and Authorization
Chapter 2.9, Residential Level of Care Authorization for RSN-Funded Residential Facilities/ Services
Chapter 2.16, Termination of Services
Glossary of Terms and Acronyms