

# KALAMAZOO COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

## ADMINISTRATIVE POLICY & PROCEDURE 34.01

<b>Subject:</b> Transfer and Discharge Planning	<b>Section:</b> Transition, Discharge and Follow-Up	
<b>Applies To:</b> <input checked="" type="checkbox"/> KCMHSAS Staff <input checked="" type="checkbox"/> KCMHSAS Contract Providers	<b>Page:</b> 1 of 4	
<b>Approved:</b>  <div style="text-align: center;">-----                  (Jeff Patton, Chief Executive Officer)</div>		
<b>Revised:</b> 01/17/2018	<b>Supersedes:</b> 07/20/2015	<b>First Effective:</b> 12/15/2013

### PURPOSE

To describe a clear process for initiating and documenting service transitions for persons serviced within the KCMHSAS system, including the provider network.

### DEFINITIONS

#### **Transfer**

The process for moving from one level of care to another level of care or from one service agency to another, including termination of one or more (but not all) KCMHSAS authorized services.

#### **Discharge/Termination**

Discontinuation of provision of or payment from all KCMHSAS funded services.

#### **Primary Clinician**

The KCMHSAS or Contract Provider employee who is responsible for providing the most intensive service received by the individual and/or is responsible for monitoring the service array.

### POLICY

- I. Transition/Discharge Planning will occur according to identified Best Practice Guidelines, Medicaid Provider Manual, PIHP Admission/Discharge Criteria, KCMHSAS policy [30.04 \(Service Determination Decisions for Specialized Services and Supports\)](#) and individual agency admission and discharge criteria.

- II. For persons discharged or transitioned from any service for assaultive and/or aggressive behavior, medical necessity for appropriate level of care will be assessed to ensure linkage to necessary services within 72 hours post discharge.
- III. Notification of a service transition/discharge will be provided to all participants of the Person-Centered Planning process, the Primary Care Physician and the KCMHSAS Access Center.
- IV. Notification of service transition/discharge provided to persons served will comply with the applicable Grievance and Appeals policies and procedures and KCMHSAS contractual mandates.

## PROCEDURE

### I. TRANSFER

- A. When a change in service provider is requested by the person receiving services or necessary (such as in the case of a utilization review), a Person-Centered Planning meeting or a meeting with the individual and primary clinician shall be held to discuss the reason/need for change. In both instances the primary clinician is responsible for coordinating the Person-Centered Planning meeting.
- B. A Transfer document will be completed when an individual is changing from one primary program to another (services are continuing).
- C. A written Transfer document will be added to the Electronic Health Record (EHR) by the ending primary program to ensure continuity of service. Transfer document will be available to treating providers/entities in the Electronic Health Record, with notice to/distributed to the individual/guardian within one calendar week of the effective change in services.
- D. A Transfer document is not required when an individual is changing/ending ancillary services.
- E. When ending any service, the primary clinician shall end the program enrollment for the individual in that program and shall review if any notices are required to be issued to the individual.
- F. When the service is being transferred to a new primary clinician/provider, the current primary clinician/provider shall facilitate transitioning and coordinating services through the PCP process, including providing all applicable paperwork (IPOS, assessments, existing authorization, updating diagnosis), obtaining new authorization from the KCMHSAS Access Center, updating the demographic profile prior for the new primary clinician/provider and verbally coordinating with the new primary clinician/provider to assure start date and capacity. The IPOS addendum (or IPOS) must be in effect for 30 days post transfer to allow time for

new primary clinician to complete assessment. The new primary clinician will then facilitate the Person-Centered Planning process to update and modify the Individual Plan of Service, outlining changes to the plan of service.

- G. If the Transfer Plan calls for a suspension, reduction or termination of any current KCMHSAS authorized service, the primary clinician will contact KCMHSAS Customer Services and provide them with information to complete an Action Notice according to KCMHSAS policy [06.02 \(Second Opinions/Grievances & Appeals/Dispute Resolution\)](#). If no change in service level is occurring (i.e., transition is a service-for-service transfer to a new provider or transition is according to the current Person-Centered Plan), no Action Notice is required.

## II. DISCHARGE

- A. Electronic Health Record.

- B. Planned discharge from all services:

1. When a termination in service is requested by the individual served or necessary (such as in the case of a utilization review), a Person-Centered Planning meeting or a meeting with the individual and primary clinician shall be held to discuss the reason/need for termination. In both instances the primary clinician is responsible for coordinating the Person-Centered Planning meeting.
2. For termination of any current KCMHSAS authorized service, the primary clinician will contact Customer Services and provide them with information to complete an Action Notice according to KCMHSAS policy [06.02 \(Second Opinions/Grievances & Appeals/Dispute Resolution\)](#).
3. A discharge summary will be prepared documenting service episodes and results. This document is to be completed only AFTER any period of advance notice (as in above paragraph regarding Notice requirements) has expired and/or AFTER any appeal filed by customer/guardian has reached conclusion.

The Discharge Plan Summary will be available to treating providers in the Electronic Health Record, with notice to/, distributed the individual/guardian within one calendar week of the effective date of all changes. Treating providers and Access staff shall receive notification of document completion/upload.

- C. Unplanned discharge from all services:

1. The primary clinician, Access Center or Customer Services is required to complete and send an Action Notice according to KCMHSAS policy [06.02 \(Second Opinions/Grievances & Appeals/Dispute Resolution\)](#). A minimum of 12-calendar-day advance notice is necessary prior to the actual discharge from services 30 days for services funded through General Fund).
2. A Discharge Summary is to be completed within one calendar week for

the effective date of the service termination that was given via the Notice process noted above.

3. The Discharge Summary document shall be available to treating providers and Access staff in the Electronic Health Record, with notification to all involved parties.

**III.** Access Center staff will review the Discharge Planning document completed by the Primary Clinician to ensure that it is complete. A valid diagnosis for the service provided is required (a valid diagnosis excludes Deferred and V codes), end-date any active authorization for the service being terminated, close relevant episodes of care and inactivate the case in the Electronic Health Record.

#### **REFERENCES**

- [Michigan Mental Health Code](#)
- MDHHS Plan Requirements and Technical Information
- [MDHHS/CMHSP Managed Specialty Supports and Services Contract](#)

#### **EXHIBITS**

- A. Transfer and Discharge (embedded in Electronic Health Record)