


LAPEER COUNTY COMMUNITY MENTAL HEALTH

Date Issued 05/07/2008

Date Revised 01/13/12; 9/5/19; 01/12/21; 06/27/23; 07/13/23

CHAPTER Service Delivery	CHAPTER 02	SECTION 001	SUBJECT 25
SECTION Treatment		DESCRIPTION Continuity of Care	
WRITTEN BY Lauren J. Emmons, ACSW Director of Clinical Services	REVISED BY Brooke Sankiewicz, LMSW, CADC Chief Clinical Officer	AUTHORIZED BY  7/14/23 Lauren J. Emmons, ACSW CEO	

APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input checked="" type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) provides persons served care appropriate to their specific needs. Continuous care is coordinated among agency programs, contracted providers, social supports and other community agencies.

STANDARDS:

- A. LCCMH ensures access to the appropriate level of care, service providers, programs and services to meet the medically assessed needs of the persons served.
- B. Organizational barriers to service delivery are reduced and the individual receiving services is viewed as a person served by the organization, not as belonging to separate program elements.
- C. Fragmentation of service delivery is reduced through the development of an Individual Plan of Service (IPOS) to ensure the continuity of care and enhance the overall effectiveness of the plan.
- D. Staff are trained during new hire and annually in the principles and practices of person centered planning.

CHAPTER Service Delivery	CHAPTER 02	SECTION 001	SUBJECT 25
SECTION Treatment		DESCRIPTION Continuity of Care	

- E. Services furnished by LCCMH is coordinated with other human service organizations, primary care physicians, subcontracted providers, and community and social support services by the primary case holder.
- F. LCCMH ensures services are not duplicated by obtaining appropriate consent from the person served, the results of assessments and treatment is shared with other human service organizations, ensuring services are not duplicated.
- G. LCCMH doesnot utilize publicly funded services and supports to supplant Medicaid covered services in order to offset costs.
- H. An IPOS assists the team with identifying medically necessary services and available resources for persons served.
- I. Referral, transfer, or discharge of persons served to other levels of care, health professionals, or settings are based on the person’s assessed needs and identified agency’s capability to provide needed care.
- J. Discharge planning by the primary case holder ensures all necessary post-treatment referrals for services external to the agency have been considered and arrangements for these referrals completed. Discharge planning is conducted in an ethical and professional manner and in accordance with LCCMH Policy 01.002.80 Code of Ethics.
- K.
- L. LCCMH assumes responsibility for the continued provision of services in the event a contracted service provider leaves the agency, loses his/her license, or incurs some other catastrophic event.

PROCEDURES:

- A. The primary case holder with the person served and/or guardian develops an integrated IPOS within 30 days of admission which outlines:
 - 1. Medically necessary services
 - 2. How services will be provided
 - 3. Who is responsible for providing identified supports and services
 - 4. How ongoing continuity of care and supports will occur

CHAPTER Service Delivery	CHAPTER 02	SECTION 001	SUBJECT 25
SECTION Treatment		DESCRIPTION Continuity of Care	

- B. LCCMH primary case holders are responsible for ensuring continuity and coordination of care at initial IPOS, through periodic reviews and at discharge.
- C. LCCMH primary case holders function as advocates for persons served, to ensure entitlements, services and supports identified in the IPOS are available.
- D. At times of transitions for persons served, such as between agency programs, between service providers, and to community service providers, the primary case holder is responsible to ensure the new services have successfully been initiated for the person served before withdrawing from care.
- E. When persons receiving services terminate their services according to an agreed upon discharge plan, a discharge summary/Adverse Benefit Determination (ABD) is provided by the primary case holder to the person served and/or guardian.
- F. At the time of discharge, the primary case holder provides coordination with the primary healthcare provider of the person served and includes a review of medications currently prescribed.
- G. At the time of contract termination with a provider, the primary case holder provides the person served an ABD within 14 days. The primary case holder or assigned supervisor holds a “meet and greet” with the new contract provider.
- H. If a provider’s services to a person served are discontinued due to abandonment, loss of license, or other catastrophic event, the provider is responsible for immediately notifying LCCMH administration. LCCMH accepts and assumes responsibility for continuity of care for the person receiving services until other appropriate services can be secured. The primary case holder provides the person served / guardian an ABD letter of service termination.

BS:lr

This policy supersedes
#05/08/023 dated 05/07/2008.
