LAPEER COUNTY COMMUNITY MENTAL HEALTH

Date Issued 05/07/2008
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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** Tina Close, MA COO	**AUTHORIZED BY** Lauren J. Emmons, ACSW CEO	

APPLICATION:

☒CMH Staff	☐Board Members	☒Provider Network	☒Employment Services Providers
☒Employment Services Provider Agencies	☒Independent Contractors	☒Students	☒Interns
☒Volunteers			

POLICY:

Persons served receive care appropriate to their specific needs. Continuous care will be coordinated among agency programs, contracted providers, social supports and other community agencies.

There will be continuity of services throughout an episode of care, between levels of care, and across an integrated array of services which may include internal and/or external services.

STANDARDS:

A. Lapeer County Community Mental Health (LCCMH) will ensure 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 will be reduced and the individual receiving services will be viewed as a person served by the organization not as belonging to separate program elements.

C. Fragmentation of service delivery will be 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 in the principles and practices of person centered planning.

E. Services furnished by LCCMH will be coordinated with other human service organizations, primary care physicians, subcontracted providers, and community and social support services by the primary case holder.

F. With appropriate consent from the person served, the results of assessments and treatment will be shared with other human service organizations, ensuring services are not duplicated.

G. LCCMH will not utilize publicly funded services and supports to supplant Medicaid covered services in order to offset costs.

H. An IPOS will assist the team to identify 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 will ensure all necessary post-treatment referrals for services external to the agency have been considered and arrangements for these referrals completed.

K. Ethical and professional responsibilities will be met before a person served is discharged from care.

L. LCCMH will assume 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 will develop an integrated IPOS within 30 days which will outline:

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

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 will 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, to community service providers, and at termination of services, 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 will be provided by the primary case holder to the person served and/or guardian when services are terminated.

F. At the time of discharge, the primary case holder will provide coordination with the primary healthcare provider of the person served and will include a review of medications currently prescribed.

G. 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 will accept and assume responsibility for continuity of care for the person receiving services until other appropriate services can be secured. The Chief Executive Officer will notify the person served and/or guardian in writing related to the actions to be taken by the agency.

TC

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