

The Right Door for Hope, Recovery and Wellness

Chapter Title Clinical	Section # C		Subject # 340
Subject Title Coordination of Care	Adopted 7/28/03	Last Revised 5/23/16	Reviewed 6/20/05; 7/24/06; 8/21/07; 6/29/09; 7/12/10; 6/27/11; 5/29/12; 5/28/13; 7/28/14; 5/18/15 5/23/16; 6/26/17

POLICY

Application

This policy shall apply to the services and supports of The Right Door for Hope, Recovery and Wellness consumers.

1.0 Initial Assessment

In order to ensure continuity and coordination of supports, services and health care, each consumer will be assigned a primary case coordinator or therapist.

- 1.1 The primary case coordinator/therapist will assure that each assigned consumer receives:
 - 1.1.1 Orientation
 - 1.1.2 Person Centered Plan within legally required time frame specifying the delivery of supports and services
 - 1.1.3 Health and Safety assessment
 - 1.1.4 Coordination and linkages with other providers working with consumer
 - 1.1.5 Transition and discharge planning and coordination as early as possible within the planning and service delivery process
 - 1.1.6 Integrity and completeness of the medical record

2.0 Health and Safety

The planning and the provision of supports and services for all consumers shall consider the presence of health and safety issues. Supports and services shall be delivered in such a manner as to limit or avoid significant risk to the consumer's health and safety, and in coordination with the consumer's health care providers.

3.0 Coordination of Health Care Services and Supports

Medical and other health care services that are provided by The Right Door for Hope, Recovery and Wellness shall be coordinated with the consumer's primary physician and other health care providers for the purpose of ensuring safety, accessibility, coordination, quality, efficacy, and efficiency of care.

4.0 Linkage to Appropriate Care

The primary case coordinator/therapist shall link the consumer to other providers as indicated by the consumer's person-centered assessment and monitor and problem solve issues regarding service provision, including consumer and guardian satisfaction of services.

The primary case coordinator/therapist shall prepare written transition and discharge plans to ensure a seamless transition when a consumer is transferred to another level of care or service, either within or outside of The Right Door for Hope, Recovery and Wellness, and shall be responsible for communicating with those services, programs, and/or providers, as allowed by the consumer or their guardian or legal representative, to ensure a coordinated transition.

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4.1 Linkage to Appropriate Care – Danger to Self or Others

When clinical staff/case coordinators assess a consumer to be a danger to self or others, that staff shall immediately make referrals to agencies or appropriate resources that can best prevent any harm to the consumer and all those who come in contact with this consumer.

When a person is discharged or removed from a service for aggressive and/or assaultive behavior, follow-up will occur within 24 hours post-discharge to ensure linkage to appropriate care.

5.0 Discharge

Planning and coordination of the discharge of a consumer from a service shall occur as soon as possible during the course of services/treatment. The discharge and any subsequent referrals to other supports or services, either within or outside of The Right Door for Hope, Recovery and Wellness, shall be coordinated by the primary clinician with all other service providers, and shall be in accordance with The Right Door for Hope, Recovery and Wellness Termination policies and procedures.

References

CARF Standards, Section, Transition/Discharge
MDHHS/CMHSP and Managed Specialty Supports and Services Contract, Person Centered Planning Practice Guidelines and Collaboration with Community agencies; Section 6.4.3

Melissa McKinstry, Board Chairperson	Date		