

The Right Door for Hope, Recovery and Wellness

Chapter Title Clinical	Chapter # C		Subject # 340.1
Subject Title Service Delivery	Adopted 06/02/03	Last Revised 6/23/17	Last Reviewed 09/05/06; 4/7/10; 2/13/14; 9/12/16; 4/25/17; 6/23/17

PROCEDURE

Application

This procedure shall apply to the clinical services of The Right Door for Hope, Recovery and Wellness.

Screening

At the time of initial contact, an Access Therapist or designee shall obtain and document necessary demographic, insurance, presenting problem and preference information, and the consumer shall be offered a screening appointment on the same day as the request is made with a clinician. If the consumer cannot be seen the same day as the request for services, then they will be seen no later than 10 business days from the time of request. The consumer will be informed of the program they are being referred to at the time of screening if they qualify for services. If the consumer does not qualify for services, an Access Therapist or designee will connect the consumer to a more appropriate service provider whenever possible. The Access Therapist or designee should always try to provide a warm handoff. The Program Manager or Program Supervisor will assign a primary clinician to work with and coordinate services for referred consumers. This primary clinician will follow up with the consumer and set an initial appointment within five business days.

1.0 Consumer Orientation/Ability to Pay process

- 1.2 Upon arrival for intake and assessment, the consumer and/or their legal representative shall meet with the Ability to Pay Specialist or designee to review orientation materials, the fee schedule/financial obligations and insurance guidelines, and complete the financial determination.

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- 1.3 At any time, a consumer may request an explanation of fees and financial obligations, regardless of the source of payment. Requests shall be forwarded and handled by the Fiscal Department.
- 1.4 Orientation materials shall include an explanation of the consumer's rights and responsibilities, Consumer handbook including: grievance and appeals procedures, standards of conduct, person-centered planning and the consumer's role in the PCP process, agency services and activities, hours of operation, access to after-hours services, and privacy practices.
- 1.5 All involved staff members shall ensure that documentation is completed at each step of the intake process.

2.0 Consumer Education

The Right Door for Hope, Recovery and Wellness plans, supports, and coordinates individual and family education activities and resources.

The Right Door for Hope, Recovery and Wellness shall provide education and training to the consumer, family, and/or caregiver specific to the consumer's assessed needs, abilities, and preparedness.

3.0 Monitoring

- 3.1 Progress Notes shall be used to summarize a consumer's progress towards identified goals. A progress note shall be completed after each face-to-face contact with the consumer, non-face to face contacts or pertinent collateral contacts.
- 3.2 Periodic Reviews, at a frequency determined within the person-centered plan, shall be used to evaluate and monitor consumer satisfaction with services and progress toward identified goals.

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3.3 Assessment scales (ie. PHQ, PHQ-A, CAFAS, PECFAS, DECA, ABA scales), at a frequency determined appropriate by the clinician, shall be used to evaluate and monitor effectiveness of services and progress.

3.4 The primary worker will monitor consumer progress of all services authorized in the person centered plan. This includes coordinating with other providers. (When multiple services are authorized there shall be a concerted effort to eliminate duplication of services.)

4.0 External Referrals

4.1 If in the course of assessment and person centered planning it is deemed necessary to refer a consumer outside of the agency for care, the primary worker will assure that the consumer (and families of children and youth who are consumers, or caregivers/guardians), according to consumer preference, obtains appointments with external providers. The primary worker will do this by:

4.1.1 Documenting in the record when the outside referral was first provided as well as the planned date of the appointment.

4.1.2 Following up with the external provider to ensure that the consumer made the appointment and documenting date of confirmed appointment. If the consumer did not make the appointment, then the primary worker will assist the consumer in rescheduling the appointment.

4.1.3 Primary worker will assist the consumer, according to their preferences, in problem solving any barriers to getting to their appointments, ie. Transportation.

4.2 The primary worker will always ensure that appropriate releases of information

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for the authorization of the release of confidential consumer records is in place before communicating with any external provider in accordance to all privacy and confidentiality laws.

4.3 The following services will be available to all clients of SUD services either internally or through the referral process (a resource list is included in all SUD orientation and annual service packets):

- Education
- Vocational counseling and training
- Job development and placement
- Financial counseling
- Legal counseling
- Spiritual counseling
- Nutritional education counseling

5.0 Intra-Agency Transfers or Adjunct Service

When a primary worker or consumer, through ongoing assessment, identifies that a different or more appropriate service would be beneficial, the consumer shall be transferred or referred to the team which can provide the identified service. If the services are not available from within the agency, the consumer shall be referred to another community resource.

5.1 Primary staff discusses transfer/referral with their own supervisor.

5.2 When possible/feasible, primary staff discusses possible transfer/referral with consumer/family to ensure consumer is agreeable and/or informed about the potential change. Note: If a consumer has a guardian, or other significantly involved support or caregivers, the involvement of these individuals must also be considered, and included when appropriate, throughout the transfer/referral processes.

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5.3 The supervisor does a thorough review of the electronic health record(s) of the consumer/family to ensure that all documentation is current and complete. The primary staff must complete any incomplete or missing documentation prior to transfer/referral to another service/referral.

5.4 Supervisor checks if this is appropriate and possible with the receiving supervisor.

5.5 Staff will complete the transfer form in the electronic health record any time you are transferring a consumer from program to program/ within the same program/adjuncting service/referring for services/ending other services but still receiving services from primary worker.

5.6 If transfer/referral is agreed between supervisors, then the two line workers coordinate to both meet with the consumer/family to facilitate the transfer/referral, making sure there is a next appointment scheduled between the consumer/family and the receiving staff, and to complete the paperwork/documentation together.

5.7 Two exceptions:

5.7.1 Referrals for Groups--if the consumer/family is joining a group, the referring clinician is responsible for informing the group facilitator of the new referral for group and for letting clerical staff know to add them to the reminder call list. Also, introduction may be made at the first group and after the documentation is completed, as opposed to a separate meeting.

5.7.2 Medication Services – Introduction is made at the time of the initial psychiatric evaluation with the Psychiatrist.

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5.8 Once the transfer/referral occurs, the referring clinician & referring supervisor follow up with the receiving clinician & receiving supervisor to ensure services are occurring as scheduled.

5.9 Once the transfer/referral occurs, the receiving supervisor conducts follow up with the receiving clinician, including discussions in supervision, to ensure the consumer/family transfer/referral occurred as planned, and that services are occurring as scheduled for the new consumer/family.

5.10 All internal transfers will occur within 10 calendar days.

5.11 Transfer or Referral documentation process—for referring between service types/programs:

5.11.1 The original primary clinician completes the Referral Transfer form, in the electronic health record.

5.11.2 The two staff meet with the consumer/family to do the PCP Addendum. The transferring/ referring supervisor reviews and signs the addendum. (Note: steps 1 & 2 may be interchangeable, or occur concurrently, depending on the circumstances with the consumer/family.)

5.11.3 The receiving clinician & supervisor complete their portion of the form, & the supervisor signs.

5.11.4 Any and all meetings, phone calls and/or letters sent concerning the transfer/referral are documented in the consumer/family record.

5.12 Transfer or Referral documentation process—for referring between workers within the same service type/change of primary clinician within same service:

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5.12.1 The two staff meet with the consumer/family for a joint first meeting—“warm handoff.” This is to introduce the consumer/family to the new staff, to become acquainted with each other, and to have a discussion on current services of the consumer/family—a general review of the plan, type and frequency of services being provided, and status towards goals.

5.12.2 The receiving clinician submits a Change Of Status email informing med records of the change in primary worker.

5.12.3 Any and all meetings, phone calls and/or letters sent concerning the transfer/referral are documented in the consumer/family record.

6.0 Missed or Cancelled Appointments

Each worker shall address and document missed or cancelled appointments.

6.1 For any missed (no shows) or cancelled appointments the primary clinician should attempt at least two times to follow-up and reschedule. These follow-up attempts must be documented. After the second time, the clinician is responsible for sending or requesting that medical records send the agency “Outreach Letter” to the consumer.

6.2 Consumer specific circumstances should be considered when providing follow-up contacts to ensure they are occurring in clinically appropriate ways.

7.0 Termination of Services

7.1 The primary clinician will first discuss termination with the consumer/family whenever possible (unless consumer is not physically available for meeting, e.g., is unable to be found/contacted.) Note: If a consumer has a guardian,

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or other significantly involved support or caregivers, the involvement of these individuals *must also be considered*, and included when appropriate, throughout the termination process.

- 7.2** The primary clinician shall then discuss termination of the consumer/family with their supervisor. Note: If a consumer receives other services, the primary clinician must also discuss/consult regarding the termination of the consumer/family with all involved staff.
- 7.3** Termination processes shall continue if supervisor determines that the consumer/family meets at least one of the following criteria for discharge:
- 7.3.1** Consumer/family has achieved all treatment goals to the satisfaction of the consumer.
 - 7.3.2** Consumer/family no longer meets medical necessity for services.
 - 7.3.3** Consumer/family specifically requests they be terminated from services.
 - 7.3.4** Consumer/family has left service area.
 - 7.3.5** Consumer/family has not returned for services, despite primary clinician's assertive attempts to try and connect with the consumer/family (by phone, letters and unscheduled home visit attempts when appropriate.)
 - 7.3.6** Death of the consumer.
- 7.4** The primary worker completes any final meetings with the consumer/family, whenever possible, to "wrap-up" services and to discuss referral to services or resources outside of agency if needed, and discuss process for

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reconnecting with CMH services in the future if needed. This may include an aftercare plan that reflects appropriate community resources, services and referrals.

- 7.5** The primary worker completes the advance/adequate notice, signs it, and messages Supervisor that the consumer is closing. Staff starts the discharge summary document in the Electronic Health Record.
- 7.6** If the supervisor approves the termination, then the Supervisor will forward the message to Medical Records and the primary worker.
- 7.7** Medical Records will print and mail out the advance/adequate notice and track the termination within a separate Termination database.
- 7.8** Medical Records will create a flag on the consumer that they are in the process of closing and enter a start and end date on the flag.
- 7.9** Once the elapsed time has passed Medical Records will message staff that they can complete the discharge summary.
- 7.10** Medical Records will then close the programs and episodes.
- 7.11** Staffs complete the discharge summary, message supervisor for review if needed.
 - 7.11.1** NOTE: IF THE DISCHARGE SUMMARY NEEDS TO BE CO-SIGNED BY THE SUPERVISOR THE STAFF WILL ADD THEM AS A CO-SIGNER.
- 7.12** **Exceptions to Providing an Advance Notice**

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7.12.1 An advance notice is required if you are terminating all agency services (i.e., terminating for the purpose of closing the case completely), **UNLESS** one of the following occurs:

7.12.1.1 closing due to death of the consumer; or

7.12.1.2 consumer/parent/guardian has signed a clear written statement that they no longer wish to receive services; or

7.12.1.3 consumer's whereabouts are unknown and the post office returns The Right Door for Hope, Recovery and Wellness mail directed to the consumer & indicates no forwarding address; or

7.12.1.4 consumer has been accepted for services by another CMH.

7.12.2 In any of the above cases where an advance notice will **NOT** be sent, the supervisor will notify Medical Records by noting it on the termination "request" form, and will include the reason why a notice is not needed (noting one of the 4 reasons above).

8.0 Update Consumer Status

Each consumer's primary worker shall ensure that changes in consumer demographic information or program services are kept current in the clinical record.

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Robert S. Lathers, Chief Executive Officer	Date		