

Community Mental Health Partnership of Southeastern Michigan		<i>Policy and Procedure</i>	
		<i>Continuity of Care</i>	
Department: Clinical Author: Jane Terwilliger		Local Policy Number (if used)	
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I. PURPOSE

Ensure consumers receive care that is appropriate to their specific needs and is continuous and coordinated among agency departments and programs and between agency departments or programs and outside providers.

II. POLICY

It is the policy of the Community Mental Health Partnership of Southeastern Michigan (CMHPSM) that consumers will receive continuity of services and care throughout an episode of care, between levels of care, and across an integrated array of services. Additionally, with written consent from consumers, care will be coordinated with other organizations and providers.

III. APPLICATION

This policy applies to the Comprehensive Specialty Services Networks (CSSNs), CSSN look-a-like, the Livingston/Washtenaw Coordinating Agency, the Prepaid Inpatient Health Plan (PIHP) and all network providers within the Community Mental Health Partnership of Southeastern Michigan (CMHPSM).

IV. DEFINITIONS

PIHP: Prepaid Inpatient Health Plan is the oversight entity of Medicaid services within the CMHPSM for Mental Health and Substance Abuse Services.

CSSN: Comprehensive Specialty Services Network that has a board of directors and delivers Medicaid and indigent services to consumers either directly operated or through a network of contract providers.

CSSN Look-a-Like: A public entity that has a publicly appointed board of directors or has publicly appointed officials that delivers Medicaid and indigent services and is accredited.

V. STANDARDS

A. Care management is a dynamic process incorporated in systemic, administrative, and clinical functions

- B. The system of care ensures access to the appropriate level of care, service providers, programs and services to meet consumers' assessed needs.
- C. Organizational barriers to care delivery are reduced and the individual receiving services is viewed as a consumer of the organization not as belonging to separate program elements.
- D. Fragmentation of service delivery will be reduced through the development of highly individualized person centered plans and family centered plans that holistically surrounds a consumer in such a way that the coordination of care enhances the effectiveness of the plan.
- E. Staff shall be trained in the principles and practices of care coordination and management.
- F. Services furnished by the PIHP will be coordinated with services a consumer may receive from other managed care organizations or PIHPs.
- G. Results of assessments will be shared with other managed care organizations or PIHPs providing services to jointly served consumers so that services are not duplicated.
- H. Plans of care will identify resources that consumers have available, resources available in the community at large, and resources that are needed that will be provided by a CSSN or CSSN look a like.
- I. Integrated plans of care will be developed which outline needed services, how services will be provided, who is responsible for providing identified supports and services, and how ongoing coordination of services and supports will occur.
- J. Referral, transfer, or discharge of consumers to other levels of care, health professionals, or settings are based on the consumer's assessed needs and the agency's capability to provide needed care.
- K. CMHPSM clinical staff is responsible for ensuring continuity and coordination of care.
- L. CMHPSM clinical staff will function as advocates for consumers to ensure entitlements, services and supports needed by consumers are available.
- M. At times of transitions for consumers such as between program service components, between service providers, to community service providers, and at termination of services, the current service provider is responsible to ensure that the new services have successfully been initiated before withdrawing from the consumer's care.
- N. Discharge planning will ensure that all necessary post treatment referrals for services external to the agency have been considered and arrangements for these referrals completed. As desired by the consumer and as appropriate, aftercare plans will be developed.

- O. When consumers terminate services according to an agreed upon discharge plan, aftercare services will be provided as described in the discharge plan.
- P. At the time of discharge, coordination with the consumer's primary healthcare provider will include a review of medications currently prescribed.
- Q. Ethical and professional responsibilities will be met before a consumer is discharged from care if an external entity has denied care, service, or payment.

VI. EXHIBITS

None

VII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)	x	438.208
Michigan Mental Health Code Act 258 of 1974	x	
JCAHO- Behavioral Health Standards	x	PC 4.90, PC 5.60, PC 15.10, PC 15.20, PC 15.30
MDCH Medicaid Contract	x	6.4.4
Discharge Planning Policies	x	
CMHPSM Grievance & Appeals Policy	x	
Coordination w/ Primary Care Policy	x	
Person Centered Planning Policies	x	

VIII. PROCEDURES

None