

## **Charleston/Dorchester Community Mental Health Center**

### **INTERNAL TRANSFER & REFERRAL POLICY**

#### **Policy:**

It is the policy of the Center to maintain a continuity of care when consumers need internal transfers or referrals. An “internal transfer” is defined as the movement of the consumer, with an open/active medical record from one program service area to another, excluding initial referrals from the intake unit. A referral is defined as requesting additional/ specialized services for client within or outside system, e.g. pre-vocational services, self-help groups in community, primary health care provider, et.al.

#### **Procedures:**

1. A clinical staffing will occur to determine:
  - if the transfer/referral is in the client’s best interest
  - if consumer sufficiently stabile, including not actively homicidal or suicidal, to effect a smooth transfer
  - if the consumer is involved and aware of referral date
2. The staffing results will be documented on the Plan of Care form under “other Service Providers/Referrals and “Referral Source Information”. If transferred outside our system this should be documented POC on “Program” and “Discharge/ Transition Criteria”. If there is an internal transfer an Assessment and/or Service Plan and Development CSN would document the changes and be placed in the medical record.
3. The medical record of the client being transferred will be audited before transfer so that all necessary documents are in place and assuring that all documentation meets the Center & DMH and DHHS standards.
4. The referring service team leader initiates contact with the receiving service team leader, followed by the case being reviewed at a regularly scheduled staffing meeting.
5. Once the transfer is approved via staffing meeting, the medical record must be received by the new service area within five business days.
6. The referring service area’s medical records manager completes the CIS Data Change form, noting the change in case manager and service location. This medical records manager also notifies receiving clinician that medical record has been sent.
7. The referring team leader will schedule and inform consumer of first his/her first appointment with the clinician in the new service area. The consumer will be personally introduced to receiving clinician and physician, when possible, to ensure a smooth transition.
8. The consumer’s treatment needs during the transfer process is the responsibility of the referring clinician.
9. When an unplanned transition occurs, such as a change in clinician and/or physician, the consumer will be personally informed of the transition. A face-to-face contact is preferable.

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10. Referrals to specialized services will follow the same procedures as above except that copy of pertinent papers will be sent to the receiving referral party, and the medical record will be retained by the case manager making the referral. If the referring party is external to our system, then all HIPAA regulations must be followed ensuring the confidentiality of information released.

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Deborah S. DiNovo      Date  
Executive Director

Susan T. Monogan      11/13/06  
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Quality Improvement/  
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