


CHAPTER: 3	SECTION: 9	SUBJECT: ASSESSMENT
TITLE: COORDINATION OF CARE FOR MUTUAL CONSUMERS		
EFFECTIVE DATE: 04/18/00	REVISED/REVIEWED DATE: 12/20/00, 08/28/01, 10/19/04, 6/7/05, 5/30/07, 12/11/09, 02/28/11, 7/5/12, 7/24/13, 11/1/13, 6/19/14, 7/8/15, 9/1/16, 8/31/17, 6/25/18	
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

### I. PURPOSE:

To define policy and procedure which ensures coordination with other providers of mental health/substance abuse services, primary care physicians and other medical specialists regarding mutual individuals served.

### II. APPLICATION:

To all Community Mental Health of Ottawa County (CMHOC) operated and service providers, if specified by contract.

### III. DEFINITIONS:

**Coordination of Care:** That communication which occurs between CMHOC staff and the primary care physician or other medical specialist of the individual served.

**Two Way Communication:** That communication made between CMHOC staff and the primary care physician or other medical specialist of the individual served using Confirmation of Current Treatment Request and/or through face to face or telephoned conversations between, and which is documented in the medical record.

### IV. POLICY:

It is the policy of CMHOC to establish and implement procedures defining coordination of care with other providers of mental health/substance abuse services, primary care physicians, and other medical specialists regarding mutual individuals served.

### V. PROCEDURE:

1. During the initial face-to-face interview with the individual served, the assessing staff will ask if the individual served has a primary care physician and/or other medical specialists. The individual served will be informed of benefits to coordination with other providers and asked to sign consent to release information for each non-CMHOC provider. The Coordination of Care form is to be completed by initial assessing staff. If the consumer

declines signing a release, or if there is not a primary care physician or other relevant service provider, this is documented on the Release of Information form (027).

A copy of the completed Release of Information form and Coordination of Care form will be mailed by support staff to the primary care physician or medical specialist. The original release and a copy of the Coordination of Care form will be filed in the record in the Correspondence

Section and noted in the Correspondence Log by support staff. A declined Coordination of Care form will be filed in the record by support staff.

2. Annually thereafter, the staff will ask the individual served to sign a release of information form allowing CMHOC to share information and/or coordinate care with any relevant medical providers.

3. The individual served has the right to withhold his/her consent.

4. If, at any point in time subsequent to the initial intake appointment, the individual served notifies staff of their receiving care from any other provider of services (with the exception of routine medical evaluations), the assigned staff will carry out the procedures outlined in number 1 above.

5. If, at any point in time subsequent to the initial intake, there are clinically significant behavioral health or developmental disability circumstances that arise in the course of treatment, a release of information will be requested of the individual served to inform any mutual care providers of such, if not already stipulated on the original release of information. Examples include suicidal behavior, major changes in level of functioning, significant changes in medication, any problematic lab reports that are completed, substance abuse, requests for services, admission/discharge from psychiatric inpatient care, any suspected medical issues and notification of termination of service. Further need for coordination will be determined by the consumer, assigned staff and mutual care provider based on the specific needs of the individual consumer.

For individuals receiving the following services who have an identified health care need. Two way communication with the primary care provider is required.

ACT  
HBS  
Case Management/Support Coordination  
Personal care/CLS in a Residential Setting

This two way communication can occur with the use of form 103, Confirmation of Current Treatment Request, and/or through face to face or telephoned conversations between CMHOC staff and the primary care physician/staff. These conversations must be documented in a progress note.

7. When a current CMHOC individual served is seen in crisis, coordination with the primary care physician requires a current, valid release in the record authorizing CMHOC and other appropriate medical providers to do so. The only exception would involve a true medical emergency requiring information from the physician in order to provide proper medical treatment, at which point medical staff would contact the physician. Staff will request authorization for coordination with the physician and secure written consent to do so at that time.
8. When a non-CMHOC individual served is seen in crisis, an attempt will be made to secure authorization for coordination with other network providers when appropriate.
9. If at any point coordination is denied by the individual served, and in the judgment of the prescriber this lack of coordination poses undue risk to the consumer's health and/or safety, discussions and negotiations will occur with the individual served regarding the benefits of coordination.
10. Care must be coordinated among network (contracted) providers, but does not require a Release of Information form.
11. All releases of information signed for purposes of coordination of care will be valid for no more than one year. The Release of Information becomes invalid at the point of case closure regardless of the date specified on the release form.
12. Compliance with this policy will be reviewed through Medical Records Reviews, and reported to the Leadership Group as requested.

**VI. ATTACHMENT:**

None Applicable.

**VII. REFERENCE:**

CMHOC Policy 2.1 "Continuum of Care"; CMHOC Policy 4.21 "Alcohol and Other Drugs of Abuse Treatment"; "Release of Information" form #027- "Access Screening/Triage"; "Correspondence Log", "Coordination of Care with PCP".