

SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

POLICY AND PROCEDURE MANUAL

Section: Clinical
Policy Number: 13
Subject: **Intra-Agency Transfer**

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Page: 1 of 3

Policy

It will be the policy of Shiawassee County Community Mental Health Authority (SCCMHA) that there are organization wide standards for the transfer of consumers between SCCMHA case holders, programs, and/or levels of care.

Purpose

To ensure that consumers do not experience disruptions in care when there is a change in case holder, program and/or level of care within SCCMHA service delivery system.

Application

This policy applies to all SCCMHA program elements.

Definitions


Intra-Agency Transfer: The reassignment of a consumer receiving ongoing services to a different SCCMHA case holder and/or level of care.

Case holder: The SCCMHA service provider who has the responsibility for the development, implementation, and monitoring of a consumer's service plan.

Standards

1. An intra-agency transfer may occur when a consumer identifies ongoing conflicts with a case holder which impede the consumer's ability to achieve her/his desired outcomes and honest attempts have been made to resolve the identified conflicts.
2. A consumer and/or a case holder may request that a consumer be transferred to a different program element when it is determined that the requested service will enhance the consumer's ability to achieve her/his desired outcomes.
3. Requests for new case holder or a transfer to a different program element will undergo a supervisory/administrative review for approval of the request.
4. A consumer may be transferred to a different level of care and program element according to Level of Care Change protocol.

5. The original case holder is responsible for facilitating the transfer of a consumer between program elements and/or level of care or to a new case holder when the established procedures for intra-agency transfer have been followed and administrative/supervisory approval has been obtained.
6. The Intra-Agency Transfer must include an interim plan of service that identifies the amount, scope and duration.

Approved by:  07.28.14
Board Chairperson Date

 07.28.14
Chief Executive Officer Date

