Broward Behavioral Health Coalition, Inc.	
Policy Title: Transitions and Exit/Discharges within Provider Network	
Policy Number: BBHC.0071	**Contract Section (s): JH343**
Effective Date:	**Revision Date**: 07/14/2023
Responsible Department: Operations/System of Care	

Approved by: DocuSigned by: Elida Segrera, Director of Operations
Signature: Elida Segrera 172B164165AD41D... Date: 07/14/2023

Approved by: DocuSigned by: Silvia Quintana, Chief Executive Officer
Signature: Silvia Quintana 38C7D57E4C654C4... Date: 07/14/2023

POLICY

It is the policy of Broward Behavioral Health Coalition, Inc., (BBHC) that persons served by BBHC and its provider network will be afforded the opportunity to receive referrals within the network without, as needed, without duplication of services. Transitions and discharges/exits should be done in a manner that ensures a smooth transition from one provider to another occurs within an identified timeline to ensure that clients get connected to a service provider who can provide what they want and need may occur among network providers and shall be facilitated by the treatment team, in cooperation with the person served and their family/significant other (when applicable) when a person/family may benefit from a different level or type of care or service, may require additional services offered at another provider, or when the person served is discharged/exited from a provider in the network. Consideration is always to be afforded to the preference and choice of the person served. Level of care assessments, such as the American Society of Addiction Medicine (ASAM), Level of Care Utilization Assessment/Child and Adolescent Level of Care Assessment (LOCUS/CaLOCUS) may be utilized during evaluation to assess for a clinical recommendation to identified levels care within the provider network, including but not limited to, Care Coordination Team (CCT), Community Action Team (CAT), Florida Assertive Community Treatment Team (FACT), Forensic Multidisciplinary Team (FMT), Residential Treatment Facilities (RTF), and Short Term Residential (SRT) placement. The service history and demographics of persons served for services funded by Broward Behavioral Health Coalition, Inc. will remain within BBHC's data portal whether they are continuing to receive active services or are discharged from the network provider.

PURPOSE

The purpose of this policy is to:

1. Ensure coordination and continuity of care among providers during a transition of care, while receiving services from multiple providers, or during the discharge process.

2. Provide person-centered care focused on the individual's strength, needs and preferences.

3. Identify additional services or levels of care that may be available among various provider agencies.

4. Address modifications in service precipitated by progress, changes in need, preference, funding, or other resource issues.

5. Maintain a record of the service history as the individual progresses between services and providers.

PROCEDURE

1. The provider treatment team member will complete a referral using the applicable referral form or telephone call to initiate need and desire for a recommended or requested service within another network provider with appropriate supportive documentation, which may include clinical history, level of care assessments (ASAM, LOCUS/CaLOCUS), court documents, and all other relevant information for the referral.

2. Appropriate Releases and Requests for Information will be completed to permit the referral to be made and to allow for continuity of care.

3. Any documentation of contacts, including the referrals for service and level of care assessments, will be noted, filed, and added to the client record, including the date, the purpose of the referral, and the outcome of the referral.

4. If a transition of care is accepted, appropriate introductions to the referred service will be made and a start date for services will be identified and documented in the individual's record.

5. If a discharge and transfer from one provider to another is determined appropriate, a program or agency discharge summary identifying the continuing services or discontinued services, next appointment dates, new practitioner's contact information, progress or recommendations for care,

and the reason for discharge will be identified, including disengagement from services, if applicable.

6. If the client will receive services from more than one agency, ongoing releases of information and communication for the individual's progress and continuity of care is required and appropriate documentation will be completed to facilitate the sharing of such information.

7. Appropriate discharge surveys shall be provided to each individual for completion but completion of the survey is voluntary for the individual.

8. As an individual is discharged and no longer receiving services from a network provider, the provider will complete the discharge process required by BBHC's data portal with the exit date from that agency.

REFERENCES:

ATTACHMENTS:

DEFINITIONS:

1. Level of Care Assessment: standardized assessment tools utilized to make a clinical recommendation for a level of treatment care.

2. Transition/Exit/Discharge Summary: Formal process used when a person is ending services from one program within a provider or from all services of a network provider.

REVISION LOG

REVISION	DATE
Position changes	1/15/19
Revised no changes	9/15/20
Revised no changes	7/17/21
Revised no changes	7/14/23

The Director of Operations and Chief Executive Officer are responsible for all content in this policy.