

<b>Community Mental Health Partnership of Southeast Michigan/PIHP</b>	<i><b>Policy Continuity of Care</b></i>
<b>Committee/Department: Clinical Performance Team</b>	<b>Local Policy Number (if used)</b>
<b>Implementation Date 11/05/2024</b>	<b>Regional Approval Date 07/24/2024</b>

<b>Reviewed by:</b>	<b>Recommendation Date:</b>
ROC	06/12/2024
<b>CMH Board:</b>	<b>Approval Date:</b>
Lenawee	06/27/2024
Livingston	06/25/2024
Monroe	07/24/2025
Washtenaw	06/21/2024

**I. Purpose**

Ensure consumers/individuals served 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. REVISION HISTORY**

DATE	MODIFICATION
11/21/2006	
10/02/2013	Revised to reflect the new regional entity effective January 1, 2014.
04/01/2017	Revised per scheduled review
10/28/2020	3-year review
07/24/2024	3-year review

**III. Application**

This policy applies to:

<input checked="" type="checkbox"/> CMHPSM PIHP Staff, Board Members, Interns & Volunteers
<input checked="" type="checkbox"/> Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
<input checked="" type="checkbox"/> Mental Health / Intellectual or Developmental Disability Service Providers
<input checked="" type="checkbox"/> SUD Treatment Providers <input type="checkbox"/> SUD Prevention Providers
<input type="checkbox"/> Other as listed:

#### **IV. Policy**

It is the policy of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) that consumers/individuals served 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/individuals served, care will be coordinated with other organizations and providers.

#### **V. Definitions**

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the Prepaid Inpatient Health Plan (PIHP) for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Providers: Those providing Mental Health and/or Substance Use Services as a CMHSP or under contract with the CMHSPM or any affiliated CMHSP, as an organization or an individual (LIP).

#### **VI. Standards**

- A. Providers shall ensure that 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 the assessed needs of consumers/individuals served.
- C. Organizational barriers to care delivery are reduced and the individual receiving services is viewed as a consumer/individual served 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 surround a consumer/individual served 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. Provider services will be coordinated with services a consumer/individual served 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/individuals served so that services are not duplicated.
- H. Plans of care will identify resources that consumers/individuals served have available, resources available in the community at large, and resources that are needed that will be provided by a CMHSP or network provider.
- 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/individuals served to other levels of care, health professionals, or settings is based on the consumer/individual's assessed needs and the agency's capability to provide needed care.
- K. Provider clinical staff are responsible for ensuring continuity and coordination of care.
- L. Provider clinical staff will function as advocates for consumers/individuals served to ensure entitlements, services, and supports needed by consumers/individuals served are available.
- M. At times of transitions for consumers/individuals served, 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 been initiated successfully before withdrawing from the consumer/individual'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 have been completed. As desired by the consumer/individual served and as appropriate, aftercare plans will be developed.
- O. When consumers/individuals served 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/individual's primary healthcare provider will include a review of medications currently prescribed.
- Q. Ethical and professional responsibilities will be met before a consumer/individual served is discharged from care if an external entity has denied care, service, or payment.

## **VII. Exhibits**

None

### VIII. 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	
The Joint Commission Behavioral Health Standards	X	
MDHHS/PIHP Medicaid Contract	X	
Discharge Planning Policies	X	
CMHPSM Consumer Appeals Policy	X	
CMHPSM Customer Services Policy	X	
CMHPSM Coordination of Integrated Healthcare Policy	X	
CMHPSM Person Centered Planning Policy	X	