


<b>Governing Body:</b>  <b>MARION COUNTY COMMUNITY AND PROVIDER SERVICES (CAPS)</b>	<b>Function:</b> <b>INTEGRATED DELIVERY SYSTEM (IDS) HANDBOOK</b>	
<b>Subject:</b> <b>Agency Admissions</b>	<b>Prepared By:</b> <b>CAPS</b>	<b>Original Date:</b> 10/01/2007 <b>Revised Date:</b>

**PURPOSE AND SIGNIFICANCE:**

The purpose of providing assistance to a Member who is need of an IDS Provider is to ensure the continuance of excellent customer service for our Members. A Member who is requesting services will be screened by an IDS Provider to determine if they would be best served at their agency. If the client is best served at another IDS Provider, it is expected that the screening agency assist the Member in facilitating an appointment at the referred agency.

**PROCESS AND/OR PROCEDURE:**

Members who request services from an IDS Provider will be initially screened to determine whether the Member can best be served at that Provider or will need to be served at another IDS Provider. If it is determined that a Member would be best suited to another IDS Provider, it is expected that the screening Provider assist in locating another Provider. This may include contacting the referred IDS Provider on behalf of the Member, arranging an appointment for the Member, and forwarding any completed screening information to the Provider. The originating Provider should keep a copy of the screening form. The minimum retention of a mental health service record is 6 years after last service or until 21<sup>st</sup> birthday, whichever is longer. As stated in the Oregon Administrative Rule, 166-150-0060-2, "Mental Health Service Records: Series documents the diagnosis and treatment services provided to children, adults, or families with emotional problems or mental illness. Services provided may include outpatient treatment and residential services; crisis services; and coordination of regional and local in-patient services including commitment and discharge. Series may include records such as a history of previous service; referrals; testing and evaluation reports; treatment plans, progress notes; correspondence; enrollments, and billing records; legal records; permission to treat; medical assessment including laboratory and other tests, emergency room services, and medication and prescription records; and school reports."

If a Member contacts an IDS Provider and the Provider is unable to serve that Member, the Member must, at a minimum, be given referral information, including phone numbers, of at least **two** other IDS Providers. In addition, the Member should also be given the phone number for CAPS, (503) 361-2778, and told if he/she cannot find a Provider with openings to contact CAPS for further assistance.

If a Provider cannot make a referral to other IDS Provider, for any reason, the Provider is required to refer the Member directly to CAPS. CAPS will assist the Member in scheduling an appointment with an IDS Provider, authorize out-of-panel services to meet short-term overflow

needs, or authorize out-of-panel services for needs that are not available within the IDS Providers.

If after the completion of the initial mental health assessment, it is determined that the Member would be better served by another IDS Provider, the initial Provider should discuss this decision with the Member, have the Member sign a Release of Information for the referring Provider, contact the referring IDS Provider, schedule an appointment for the Member, as well as forward the assessment information to the new IDS Provider. The Provider that initially completed the assessment is responsible for removing their name as the Member's Primary Care Provider (PCP) in the Mid-Valley Independent Physician's Association (MVIPA) website.

If the Member does not agree with an Provider's decision to transfer a Member to another IDS Provider or feels that further treatment is needed, the following steps need to take place:

- A Notice of Action will need to be completed and mailed at least 10 calendar days before the effective date of the Action (see *Section I(5), Mid-Valley Behavioral Care Network (MVBCN) Complaint Process: Notices of Action, Appeals, Formal Complaints, and DHS Administrative Hearings Policy and Procedure Section I.b.1*).
- Prior to sending the Notice of Action to the Member, a draft copy will need to be submitted to the MVBCN for their consultation (See *Section I(5), MVBCN Complaint Process: Notices of Action, Notice of Action, Appeals, Formal Complaints, and DHS Administrative Hearings Policy and Procedure Section I.c.5*).
- A review of MVBCN policies and procedures can be located at <http://www.mvbcn.org>