Provider Referral Packet Flowchart

Site initiates referral:
a) Complete Part I and II of the Referral Request form, Attachment A.
b) Include Consent to Release Protected Health Information (PHI) form if there is substance abuse, HIV or communicable disease information.
c) If requesting a referral for a rehabilitation provider, complete Attachment B of the Referral Request form.

Clinical team faxes the Referral Request, Attachment A, Attachment B (if applicable), and the Consent to Release Protected Health Information (PHI), if applicable, to the provider agency.

Provider Agency: Reviews the request and determines if the referral request will be accepted or declined.

Accepted

Declined

If Accepted:
a. Mark the "Accept" check box on the Partners in Recovery Referral Request, Attachment A;
b. Complete the SMI Packet Checklist, Attachment C, in order to identify the medical record documentation that is needed for the referral packet;
c. Fax the Partners in Recovery Referral Request, Attachment A, and the SMI Packet Check List, Attachment C, to the clinical director within one business day

If Declined:
a) On the Partners in Recovery Referral Request, Attachment A, mark the "Decline" check box, record the date declined, and indicate the reason for declining the referral;
b) Fax the Partners in Recovery Referral Request, Attachment A, to the clinical director within one business day of the request.

Clinical Director reviews the fax to determine if the request has been accepted or declined.
a) If the request is declined, the clinical director or designee makes a referral to another provider agency.
b) If the referral request is accepted, the clinical team member forwards the referral packet request paperwork which includes the SMI Packet Checklist – Attachment C and the Referral Request, Attachment A, to the Medical Record Office Assistant (OA). Referral packet requests will be processed within 72 hours of the date that the direct services clinic receives notification that the referral has been accepted by the provider agency.

Office Assistant (OA) records the "Date Received" on the Referral Request, Attachment A, form. Before the packet may be created, the Medical Record OA reviews the referral request paperwork for proper completion. If any required items are missing or incomplete, or the referral was declined, the Medical Record OA will return the paperwork to the clinical team for resolution. If all of the required documentation listed in item 11 of the procedure is complete, the OA will copy the medical record items indicated on the SMI Packet Checklist – Attachment C. After making the packet, the OA reviews the Partners in Recovery Referral Request, Attachment A, to determine how the request will be delivered (Personal Delivery versus Mail Delivery). If the packet is going to be hand delivered by the CM, the OA prepares a Pick-Up Receipt (Attachment E) and attaches it to the referral packet. The CM is notified that the referral packet is ready for distribution. If the request is going to be mailed to the provider agency, the OA prepares the mailing envelope and places the packet in the outgoing USPS mail area. The OA logs the request in ClaimTrak according to item 17 of the procedure. The OA completes the "Date Completed" and "Packet Completed By" section of the Partners in Recovery Referral Request, Attachment A, to document that the packet request has been completed. The OA files the Partners in Recovery Referral Request, Attachment A, Attachment B (if applicable), the SMI Packet Checklist – Attachment C, and the Consent to Release protected Health Information (PHI), if applicable, under the Service Referral tab of the recipient's medical record. For referral requests that are hand delivered by the Case Manager, the OA files the signed Pick-Up Receipt under the Service Referral tab, when it is returned from the Case Manager.

Provider agency completes Part III of the PM Form 3.3.1 upon receiving the referral packet and reviews the documentation to ensure that all required elements on the SMI Packet Checklist, Attachment C, are present. If any items are missing, the agency completes the SMI Packet Checklist Follow-up for Missing Information form – Attachment D and faxes the form along with the PM Form 3.3.1 to the clinical director.

Clinical Director will follow up with the Medical Record OA to ensure that the balance of information is provided to the provider agency. The SMI Service Referral Tracking Log shall be submitted semimonthly (twice per month) to the Adult Services PNO Oversight Department.

OA files the completed PM Form 3.3.1 with the rest of the referral information under the Service Referral tab in the recipient's medical record.