

Partners in Recovery

SMI Referral Process for Outpatient Services

CMC or Department Name: Partners in Recovery Direct Care Clinics								
CMC or Department Procedure Name: SMI Referral Process for Outpatient Services								
Date of Inception:								
Previous Approval Date:								
Current Approval Date:								
Operational Scope:	<input checked="" type="checkbox"/> Clinical	<input type="checkbox"/> QI	<input type="checkbox"/> Network	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Claims	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

PROCEDURES

Purpose:

The referral procedure serves to support the requirements set forth in Section 3.3 of the Magellan Provider Manual entitled Referral Process. It is specific to Behavioral Health Recipients(BHR) with serious mental illness and addresses referral to clinic sites (Magellan or PNO managed), and provider services.

Referral to clinic site after initial determination of SMI eligibility:

1. The Magellan department responsible for determining SMI eligibility notifies the SMI evaluation unit (currently located within Magellan) once an individual is determined eligible.
2. The eligibility department forwards the records used in determination to the evaluation unit.
3. The evaluation unit prepares the initial medical record and determines the appropriate clinic site to be assigned based on BHR preference and geographic considerations. All direct care clinics, whether managed by Magellan or a PNO are grouped together for purpose of assignment.
4. BHR's who meet the definition of chronic homelessness are assigned to the Washington St. Clinic. All other homeless BHR's are assigned on a rotating basis to a direct care clinic.
5. Upon assignment by the evaluation unit, the medical record is sent to the clinic site administrator.

Assignment of Clinical Team/Case Manager:

1. The clinic site administrator notifies the clinical director of the site. The clinical director of the dcc assigns the BHR to a clinical coordinator at the site on a rotational basis.
2. The clinical coordinator is responsible for assigning the BHR to a case manager based on current caseload sizes and the unique needs of the BHR. Assignment to the clinical team (prescriber, nurse, rehab specialist) is automatic based on which clinical team the case manager is part of.

Referral to providers for services:

1. The clinical team assesses the needs of the BHR and identifies through the ISP process, services that are needed by the BHR.
2. The case manager is responsible for identifying appropriate providers and arranging for service deliver.

Referral concerns/disagreements:

1. It is generally expected that referrals will be accepted by the direct care clinic assigned through the evaluation unit. Any concern with a referral is to be based in a safety or legal matter.
2. Any concerns with a referral to Magellan managed direct care clinic's will be addressed through the management of Magellan direct services.
3. Any concerns with a referral to a PNO managed direct care clinic will be addressed initially by the clinic site administrator. Unresolved concerns will be addressed by the next level of supervision with final authority vested in the CEO of the PNO's.

Form Attachments:

Magellan Referral Request Form

SMI Referral Process

SMI Packet Checklist

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Partners in Recovery Referral Request

Referral Date: _____

Referring Site: _____

Site Telephone #: _____

Site Fax #: _____

Case Manager: _____

Clinical Liaison: _____

Clinical Director: _____

Consumer Information:

Name: _____

Client ID: _____

Telephone #: _____

DOB: _____

Address: _____

Diagnosis: Axis I _____

Axis II _____

Title XIX: Yes No

Type of Service being requested:

___ Individual Counseling

___ Group Counseling

___ Substance Abuse Counseling

___ In-Home Support

___ DBT

___ Day Treatment (1/2 day)

___ Day Treatment (Full day)

___ Methamphetamine Intensive Outpatient Program

___ Transitional Living Facility (a Magellan Community Living Application **does not** have to be submitted)

___ Other _____

___ Residential*

___ Housing*

* Must submit application through Magellan Residential or Housing Department to receive an approval to proceed with the referral.

Provider Contact Information & Referral Status:

Provider Name: _____

Contact Name: _____

Address: _____

Telephone #: _____

Accept Decline

Date: _____

Reason for Decline: _____

SMI Referral Process

1	An SMI referral is made to the provider agency by a member of the Partners in Recovery clinical team using the Referral Request form.
2	If the referral is declined: The provider agency staff checks the Decline box on the Referral Request form and then faxes the completed form back to the Clinical Director within one business day.
	If the referral is accepted: The provider agency staff complete the Provider section of the Referral Request form and fax it along with the SMI Packet Checklist to the Clinical Director indicated on the Referral Request form within one business day.
3	Direct Care Clinical Staff (DCCS) mail the complete packet to the contact at the provider address listed on the Referral Request form within 3 business days. Note: If the packet is not received within two weeks of the referral acceptance, appointment availability cannot be guaranteed.

SMI PACKET CHECKLIST

Client Name: _____

Case Manager Name/Fax #: _____

Clinical Director Name/Fax #: _____

Date Referral Accepted: _____

Today's Date: _____

The referral packet should contain all of the following items:

- 1. Current Client Contact Sheet _____
- 2. EA1011 Enrollment _____
- 3. Current Demographic EA1013 _____
- 4. Treatment Plan / ISP _____
- 5. Comprehensive assessment and Annual Update (Part E) _____
- 6. Psychiatric evaluation and/or Annual Update (Part E) _____
- 7. Current Medication Log _____
- 8. Last Two Months of Psychiatric Progress Notes _____
- 9. Last Two Months of Case Management Progress Notes _____
- 10. Current At Risk Crisis Plan _____
- 11. PM form 3.4.1 Non-Title XIX/XXI Co-Payment Assessment _____
- 12. Advance Directives form _____