



County of San Bernardino Department of Behavioral Health

INFORMATION NOTICE 09-06

Date 03/13/09

To DBH Staff and Contract Agencies

From Allan Rawland, Director

Subject **Referral of Clients from Contract Agencies to the Department of Behavioral Health**

Overview In the event that clients need to be transitioned or redirected to the Department of Behavioral Health from a contract agency, the following guidelines are provided to ensure patient's rights are protected:

- Ensure when closing individual cases that individuals are assessed in consideration of their respective risk factors as their safety and well-being are a pre-eminent concern
- Allow for a period to process the termination issues, wherever possible
- Document within the chart the reasons for chart closures, (i.e. clinic closure, service provision elimination) and
- Assist client with the release of information to the receiving agency to expedite the transfer of information in those cases where the client is being transferred

Records that may be requested include; SIMON registration form, Outpatient Consent for Treatment, Diagnosis page, Clinical Assessment, Medicare Affirmation Notice, CalWORKS check sheet, JESD Release, Client Plan, Care Necessity form, Initial Psychiatric Evaluation, Medication Consent form, Meds Order sheet, last MD note, Client Resource Evaluation and Discharge Summary.

Existing Clients Clients being provided Medication Support Services represent the most at-risk among those served. The following guidelines are in keeping with state ethical and legal requirements:

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Existing Clients
(continued)

1. Appropriate notice shall be provided to the client, i.e. Notice of Actions, (NOAs) where required, proper referrals for continuing care, information regarding the particular medications prescribed and the last day you will be available to provide services. This shall be provided in writing to the client.
2. Clients may be screened for referral to Primary Care Physicians, when applicable. The same referral responsibilities apply as to a County provider.
3. A referral to an appropriate County Medi-Cal provider must be made in a timely manner. Appropriate referrals may be made through the Department's Access Unit or one or more of the Department's available clinics or programs.
4. The contractor needs to advise the referral parties i.e., County clinics, primary care physicians, alternate contractors and Fee For Service Providers that referrals are being made.
5. Client rosters for medication support beneficiaries shall be provided to the appropriate Program Manager II and the Access Unit supervisor prior to referrals being made.
6. Sufficient medication/prescriptions shall be provided (please provide for 15-30 days) to last the client a reasonable amount of time until a new provider can begin providing care.
7. The means by which medical records may be accessed shall be provided to the client, (how to access, whom to contact and where the records will be kept.) and shall accompany the rosters submitted to the Program Manager II.
8. Access to medical records for the new provider must be timely and complete.

Clients Not Requiring Medication Support Services

When clients being served do not require Medication Support Services, the following procedures shall take place:

1. Clients being served that are to be referred shall be advised in the timeliest manner possible. Notice of Actions must be provided where required.
2. Clients shall be triaged to determine whether medical necessity is still met.
3. Where medical necessity is not met, the client will be appropriately discharged. (NOAs provided where required).

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Clients Not Requiring Medication Support Services
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4. Where service necessity continues, a referral through the Department's Access Unit or appropriate County clinic or program, shall be made with an advisory to the receiving resource made in a timely manner.
 5. Medical records shall be available to the receiving party upon request.
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No Existing Clinical Relationship

For referrals of walk-ins or telephone contacts with whom there are no existing clinical relationships, refer to the following steps:

1. Please advise these parties immediately upon first contact, that your agency is not accepting new referrals.
 2. Redirect the party to the Department Access Unit or appropriate County clinic or program.
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Referrals for AB3632 Children

The following procedures shall be taken for referrals for AB3632 children:

1. In the event services to an AB3632 IEP authorized client are to be terminated, the contractor providing the service will advise the AB3632 Coordinator/Children's Program Manager II immediately.
 2. The AB3632 Coordinator and the contractor will work out a mutually agreeable solution for services. It is important that no disruption to the IEP authorized service occur.
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Questions

For questions regarding this Information Notice, you may contact:

- Regional Program Manager
 - Access Unit (909) 381-2420
 - Patients' Rights (909) 421-4657
 - Medical Records Unit (909) 421-9355
 - Office of Compliance (909) 382-3137
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Authority

Board of Supervisors v. Superior Court of Los Angeles, (1989) 207 Cal. App. 3d 552 at 560-562; 254 Cal. Rptr. 905.
CA Welfare and Institutions Code, Sections 5700 et seq., 5800 et. seq., 5802(d)(4) and 5814(b).
Medical Board of California. (2007). Licensees: Terminating/Severing Physician/Patient Relationship. Retrieved February 27, 2009 from <http://www.mbc.ca.gov/licensee/terminate.html>
