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<b>Title 1</b>	<b>Northern Lakes Policies</b>
<b>Part 107</b>	<b>Supports and Services – NLCMHA Provided</b>
<b>Subpart A</b>	<b>General</b>
<b>Policy No.</b>	<b>107.102</b>
<b>Subject</b>	<b>Transition of Service Due to Provider Availability</b>

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## **Applicability**

Policy applies to all Northern Lakes CMHA activities, operations, and sites and to all workforce members except members of the Northern Lakes CMHA Board of Directors.

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## **Policy**

Northern Lakes CMHA facilitates a planned transition of service whenever a clinical workforce member leaves employment or changes positions. Ideally this transition involves discussion with persons served, family, guardians and relevant support persons. Planning begins with discussion with the immediate supervisor at the time the notice to terminate employment or position change occurs. The clinical workforce member transitioning or terminating is the responsible person to carry out the notification to consumers and facilitate the transition of care.

In the event that a transition of service is necessitated by an unexpected leave or a separation from employment without adequate notice, the notification to persons served and transition of care involves various parts of the service system, including those from data entry, reception/support, direct service and operations.

In all situations, persons served receive MDHHS Adequate Notice if there is any change in service array, delivery or availability defined in the Individual Plan of Service through the person-centered planning process. If a service in a plan is reduced, terminated or suspended outside of the person-centered planning process the consumer receives MDHHS Advance Notice.

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## **Procedures**

### A. Planned Transition

Transition planning should occur as soon as possible after a decision to leave employment or change. The time is used to respond to relevant clinical issues, review therapeutic gains as well as to explore with the person served and their support system their needs and preferences for future intervention.

The outcome will most often involve some change in the Individual Plan of Service (IPOS). At a minimum provider identification is updated, but it may also involve a person's desires

or decisions around different direction in intervention, or even the persons and clinician's determination that adequate progress has been made to conclude the specific treatment service, or update it in some manner.

The clinical workforce member transitioning provides the planning with all persons on their case list. This occurs directly with the person and if applicable the parent/guardian. Ideally it also involves the clinician who will be the new provider for the person.

If the transition plan involves a change in service or direction, an IPOS is completed by new provider and the person served. The new provider and person will complete the Individual Plan of Service within the following 30 days. If the transition plan involves the same service and direction and an IPOS Addendum is prepared to identify the name of the new provider.

If direct planning cannot occur between the transitioning clinical workforce member, and the person (and parent/guardian where applicable), the workforce member will use other means (phone and/or mail) to successfully carry out the same process.

When due to lack of availability, persons served do not receive a clinically indicated and person-desired service at transition, an IPOS Addendum is completed by the transitioning workforce member indicating Chief Population Officer/Designee, (the Designee is a clinical contact person of appropriate skill level to be a resource to them) and when and how contact will occur.

If a Medicaid enrollee meets MDHHS criteria for provision of a medically necessary service, they must receive the service and cannot be placed on a waiting list.

If they are clinically appropriate for service and covered by General Fund or other payor, but do not meet MDHHS criteria for a medically necessary service, they are eligible for services based on availability. Their name may be placed on a list should services be available. (106.203 Services in Limited Supply).

Persons not in active treatment at the time of transition are closed by the transitioning workforce member consistent with standard Northern Lakes CMHA closing process.

Copies of all documents will be placed in the persons record. Progress notes of all phone conversations will be included in the consumer record.

#### B. Unplanned Transition

In circumstances where a workforce member becomes unavailable due to an unexpected leave of absence or unplanned separation from employment, a transition cannot be "planned" in the usual sense.

The responsibility for direction in advising persons served, parents and guardians of the unexpected absence lies with the Chief Population Officer/Designee of the departing workforce member. The specific tasks involved in advising persons served, parents and guardians are shared within the Northern Lakes CMHA service system, as described below.

Persons served and guardians will be notified immediately (orally or in writing) of the absence of the provider. They will have identified for them a workforce member resource, as well as the responsible Chief Population Officer/Designee. The workforce member will

receive the same notice so they will be informed and able to respond appropriately to concerns or inquiries from persons served and their family.

To facilitate this, the following will occur:

- The Chief Population Officer/Designee will notify relevant Northern Lakes CMHA workforce member by email of the unexpected absence.
- The Chief Population Officer/Designee will prepare a "script" for the reception workforce member, identifying the message for persons served/parents/guardians they reach by phone, or for those who call for the absent provider. The script includes the name of the Chief Population Officer/Designee.
- The Chief Population Officer/Designee will prepare a letter to be sent to all persons assigned to the workforce member, identifying the unexpected absence, whether it is permanent or temporary (if known), and the name and contact information of the Chief Population Officer/Designee.
- If there is an interruption in service, under the direction of the Chief Population Officer/Designee, a support workforce member prepares the relevant Adequate or Advance Notice. The support workforce member makes a file copy and mails the original to the person served.
- The Chief Population Officer/Designee contacts the person served and makes arrangements for completion of the Individual Plan of Service Addendum identifying the method and frequency of contact for a) monitoring of the person's condition; b) crisis planning; and c) update on the status of clinical workforce member provider availability.
- The newly assigned workforce member contacts the person and sets up their first meeting within 14 days, where they will update the clinical assessment and develop IPOS. If there is no desire or need to change the Individual Plan of Service, an IPOS Addendum is completed with the person served and invited participants, and the new provider.
- If a new Individual Plan of Service is needed or desired due to change in goals, direction, condition or service, it is completed within 30 days with the person served, invited participants, and the new workforce member.
- Progress notes of all phone contacts are completed.

#### C. Adequate and Advance Notice

- If a new provider or desired service is not available at the time a workforce member transitions or leaves, the person served is provided with Adequate Notice of the delay in service.
- If there is a reduction, termination or suspension of service, the person served is provided with Advance Notice.
- Adequate Notices accompany any development and change in the Individual Plan of Service and the IPOS Addendum.

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