



Transfer Protocol Between Provider Network Organizations (PNO) Attachment 3.17.2

I. Transfer Guidelines

1. The Direct Care Clinic and/or PNOs shall implement a transfer for members needing specialized services which are unable to be provided by the current clinic, team and/or PNO, or when the member or guardian requests a transfer to a new site and/or PNO. In accordance with the guiding principles of person empowerment and self determination, personal preference is given the utmost consideration and the member or guardian must agree with the transfer.
2. PNOs will respect the member's or guardian's choice and voiced request to transfer services to another PNO.
3. If the request for transfer is due to lack of services or dissatisfaction, clinical leadership at the referring PNO will meet with the member or guardian to discuss their concerns and attempt to resolve them. The referring site will document the request and the results of any discussions or meetings in the medical record.
4. If the referring PNO concludes that the requested transfer should not take place as a result of the member's "clinical instability" and/or it would not be in the best clinical interest of the person, the PNO Chief Medical Officer can request approval from Magellan's Adult Services Medical Director to delay the transfer until the risk is ameliorated. The PNOTransfers@magellanhealth.com mailbox can be utilized. The Magellan Medical Director shall issue a decision to the PNO within five (5) business days of receipt of the request. If the transfer request of the member is rejected, the clinical team shall notify all persons making the request as to why the request was denied and of the member's right to appeal the decision.
5. Violent and/or threatening behaviors may result in legal action that prevents the member from continuing to receive services at their current PNO clinic. If there is any question regarding "clinical instability" from the receiving clinic, the PNO Transfer mailbox should be utilized.
 - It is expected that these members be managed within their current network and that alternate clinics within that network should be able to immediately meet all the member's needs.
 - If the member refuses continued treatment at the current network and requests a transfer, they shall be offered clinic selection from the PNO clinic map.
 - The "clinical instability" guidelines above may apply.
 - Regular time frames for transfers will apply.
6. Transfers between and to supportive teams and connective teams are expected to be completed in less than forty-five (45) calendar days from the time the receiving clinic receives the transfer request. If the transfer is not complete within the 45-day timeline, the referring PNO will contact Magellan at, PNOTransfers@magellanhealth.com to report the reasons for the delay, actions being taken and the expected completion date.



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7. Transfer requests between ACT teams are expected to be reviewed and a determination for clinical appropriateness made within 14 calendar days of the transfer request. If the member is determined to meet ACT criteria and accepts ACT services, the transfer should be completed within twenty-one (21) calendar days from that time within the confines of ACT Fidelity measures. If the transfer is not complete in the 21 day timeline, the referring PNO will contact Magellan at, PNOTransfers@magellanhealth.com to report the delay. The RBHA will then contact the receiving clinic to research the reason(s) for the delay, actions being taken and the expected completion date.
8. Members pending transfer due to a clinic's temporary lack of capacity will be transferred in order of initial request date when the clinic resumes accepting referrals. Under these circumstances, any member unable to transfer to a site initially requested will be offered the option of transferring to an alternative open clinic based on the member's preference.

II. Transfer Process

1. **Member/Guardian requests transfer to another PNO or clinic. The clinical team shall provide options to the recipient in order for choice to be honored.**
2. The referring clinic shall prepare a transfer packet to include the following medical record information:

<ATTACH TRANSFER CHECKLIST>

- a. Transfer of Care Cover Sheet – ***This is to be filled out thoroughly and accurately as it gives the receiving clinic a brief picture of the person's status***

<ATTACH TRANSFER COVER SHEET>

- b. Updated Face Sheet
- c. Part E Assessment
- d. Part D ISP
- e. AUD for receiving clinic
- f. At Risk Crisis Plan (ARCP)
- g. Med sheet
- h. Last MD note
- i. Last three progress notes
 - This includes documentation of the member requesting the transfer, the reason for the transfer, and the preferable clinic.
- j. Hospital discharge paperwork (if applicable)



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3. The Clinical Director/Site Administrator of the referring clinic will respond to the transfer request within seven (7) business days of the initial request as evidenced by sending all necessary documents to be transferred to the receiving clinic/case management team. The referring PNO clinic shall enter a progress note in the member's medical record indicating a transfer packet request was delivered and note any deficiencies, if any, in the packet.
4. If the medical record documentation is incomplete or not current, the referring PNO will make every attempt to complete/update the documentation by the time of the transfer. Transfers will not be delayed due to incomplete documentation or documentation from another source of medical record. All transfer activities should be documented in the member's medical record.
5. If the member is refusing to engage with the referring PNO due to wanting to transfer to another site, outreach documentation is needed to explain the reason for the refusal and ongoing efforts to engage the member in completing the documentation prior to the transfer.
6. If there are any questions or concerns regarding the transfer packet, the Clinical Director/Single Point of Contact from the receiving PNO will place a personal telephone call to the Clinical Director/Single Point of Contact receiving the case to discuss. This does not need to occur as a part of the process, only if there are any questions regarding the person's care.
7. The member/guardian and OHR (if applicable) will be notified of the transfer request by the referring clinic with the intention that the receiving clinic assign the person to a clinical team within the required timeframes. This will be documented in the medical record.
 - If a public fiduciary guardian is involved and the *Physicians Annual Report to the Guardian* is due within 30 days of the transfer. The referring clinic will complete the form and fax it to the public fiduciary.

<ATTACH REPORT>

8. The receiving PNO clinic shall schedule an initial appointment for the member within 45 calendar days after receipt of the transfer packet for supportive and connective level recipients and 21 calendar days for ACT recipients. If the transfer timelines are not met, PNOTransfers@magellanhealth.com should be contacted by the referring PNO.
9. Within 3 days of receiving the transfer request, the receiving clinic shall contact the referring clinic's Clinical Director to:
 - a. Provide the date and time of the initial appointment for transfer
 - b. Provide the date and time of the initial appointment with the newly assigned BHMP (this may occur on the same date as the transfer)



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10. A member from the referring clinic shall contact the member, guardian, and/or Special Assistance advocate (OHR or other designee) to provide the date and time of the initial appointment for transfer and a contact name for the receiving clinic.
11. A member's medical record must be delivered by the referring clinic by the time of the initial appointment at the receiving clinic.
12. In all cases in which a member is being treated with medication, the transferring PNO shall ensure a 30 day supply (from the date of transfer) is given to the member prior to transferring to the new PNO. The receiving PNO is responsible for ensuring a medication management appointment is scheduled within 30 days of the date of transfer so that medications are not disrupted. The referring clinic must ensure the member's medications are delivered to the receiving clinic, if applicable.
13. The referring clinic shall ensure the member has transportation to the initial appointment at the receiving clinic.
14. A designee from the referring clinic must attend the initial appointment to ensure proper coordination.
15. A transfer is complete once the member has attended an initial appointment at the receiving clinic and the medical record has been delivered to the receiving clinic.
16. If the member fails to keep the scheduled appointment with the newly assigned clinical team, it is the responsibility of the referring clinic's clinical team to engage in outreach efforts to determine the reason for the missed appointment and assist in rescheduling the missed appointment with the receiving clinic. The referring clinic is responsible for ensuring the member has transportation to the initial appointment at the new clinic. The referring clinic retains all responsibility for the member's care as outlined in the ISP until the completion of the transfer process.
17. The referring and receiving clinics shall log all medical record tracking information and make the necessary changes to the clinical team affiliations in the electronic medical record to ensure the member is appropriately designated to the desired PNO.
18. If the member is currently on Court-Ordered Treatment, the referring clinic will notify Magellan's Director of Court Advocacy & Jail Diversion via email at Scurran@magellanhealth.com once the transfer is complete. If a status report or request for continuation of court order is due 30 days post transfer, the referring team will complete the paperwork and include a copy of the report in the transfer packet.

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