

Transition, Transfer and Discharge Grid

Discharges: Discharges occur only when the person leaves our Provider Network System				
Types	Warm Hand Off	Process	Documentation	Other
-Achievement of all Goals and Discharge from all services -Successfully Recovering -No longer meets Medical Necessity/Criteria	Primary Case Holder assists the individual in accessing community resources and/or coordinating care with PCP for medications (if feasible, warranted and requested by the individual).	-Primary Case Holder assures that all providers are notified of any planned Discharge prior to completing discharge -The Discharge should be completed through the PCP process -Referrals and coordination of care with community resources completed by Primary Case Holder -Primary Case Holder is responsible for notifying all other service providers of pending Discharge -Primary Case Holder is responsible for providing Access information for any future need of services.	-Action Notice by Primary Case Holder -Discharge Summary -BH TEDS Discharge -Aftercare Plan -End of Service Survey -CAFAS if appropriate	-Authorizations Early Terminated if appropriate -Program and Staff Admissions Closed -Notify relevant State/PIHP entities when required (i.e. Hab Waiver, ABA, SED Waiver)
Out of County Move without BABHA the COFR	-If planned, Primary Case Holder assists with accessing services in new county (if feasible, warranted and requested by individual).	Primary Case Holder is responsible for notifying all other service providers of pending Discharge -Primary Case Holder is responsible for providing Access information for any future need of services.	-Action Notice -Discharge Summary -BH TEDS Discharge -Aftercare Plan -End of Service Survey -CAFAS if appropriate	-Authorizations Early Terminated if appropriate -Program and Staff Admissions closed -Notify relevant State/PIHP entities when required (i.e. Hab Waiver, ABA, SED Waiver)
Voluntary Withdrawal from all services	- If planned, the Primary Case Holder assists the individual in accessing community resources and/or coordinating care with PCP for medications (if feasible, warranted and requested by individual).	-Primary Case Holder provides information to Access Services in future (this can be completed in person or with the Aftercare plan). Primary Case Holder is responsible for notifying all other service providers of pending Discharge	-Action Notice -Discharge Summary -BH TEDS Discharge -Aftercare Plan -End of Service Survey -CAFAS if appropriate	-Authorizations Early Terminated if appropriate -Program and Staff Admissions closed -Notify relevant State/PIHP entities when required (i.e. Hab Waiver, ABA, SED Waiver)

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		-Primary Case Holder is responsible for providing Access information for any future need of services.		
No shows/Dropped out of ALL services in the Provider Network	No	-Primary Case Holder completes ongoing outreach -Primary Case Holder communicates with other service providers prior to Discharge. Primary Case Holder is responsible for notifying all other service providers of pending Discharge -Primary Case Holder is responsible for providing Access information for any future need of services.	-Primary Case Holder documents all attempts at outreach and engagement -Action Notice -Discharge Summary -BHTEDS Discharge -Aftercare Plan -End of Service Survey -CAFAS if appropriate	-Authorizations Early Terminated if appropriate -Program and Staff Admissions closed -Notify relevant State/PIHP entities when required (i.e. Hab Waiver, ABA, SED Waiver)
Known/Purposeful/Planned Absence 90 days or longer	No	Primary Case Holder is responsible for notifying all other service providers of pending Discharge -Primary Case Holder is responsible for providing Access information for any future need of services.	-Action Notice -Discharge Summary -BH TEDS Discharge -Aftercare Plan -End of Service Survey -CAFAS if appropriate	-Authorizations Early Terminated if appropriate -Program and Staff Admissions closed -Notify relevant State/PIHP entities when required (i.e. Hab Waiver, ABA, SED Waiver)
Death of an Individual	No	Primary Case Holder is responsible for notifying all other service providers of pending Discharge due to death.	-Primary Case Holder completes Death Report -BHTEDS Discharge -Discharge Summary if outside of Phoenix System	File automatically closes upon completion of Death Report

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Transitions/Transfers: Transition Planning occurs from the time of entry to services and throughout treatment. Transitions include moving from one level of care to another or from one provider to another (same level) or adding or reducing services and/or providers within our Provider Network.

Types	Warm Hand Off	Process	Documentation	Other
<ul style="list-style-type: none"> -Child receiving services becomes an adult and continues to meet criteria/medical necessity -Transfer of all services between BABHA Internal Program/clinicians/services -Transfer of all services from one provider to another provider between Network Providers working within the Phoenix System 	<ul style="list-style-type: none"> -All transfers require a warm hand off unless the individual indicates that they do not want this. -Primary clinician/Case Holder/program (Party) transferring to Receiving Party should not be closed until the Receiving Party has notified the Transferring Party that the first face to face appointment has occurred -In all transfer cases, communication, preferably by phone, must occur between the Transferring and the Receiving Parties prior to the formal transfer process. 	<ul style="list-style-type: none"> -Transferring party will make contact to Receiving party to set up a transfer. -Transferring program will discuss status of Assessments, PCP and Authorizations that will be needed by the Receiving party. -Supervisor/designee from Transferring party will open Program Assignments for Receiving Party in Phoenix. -Transferring Party will early terminate Authorizations as necessary, and close staff and program assignments when the Receiving Party has contacted the Transferring Party that the first face to face contact has been made. 	<p>Assessments:</p> <ul style="list-style-type: none"> - If a current Assessment is still valid (i.e. less than one year, no significant changes) a new Clinical Assessment will not need to be completed. -If the Assessment is not valid, the Transferring Party will discuss with the Receiving Party the best way to complete a valid Assessment. Preferences of the Receiving Party will be honored. <p>IPOS:</p> <ul style="list-style-type: none"> -If a valid IPOS is in place, an Addendum to the IPOS with Authorizations for 45 days will be completed by the Transferring party. Receiving Party will complete an IPOS Addendum developing goals appropriate for that service. -If a full IPOS needs to be completed or is about to expire, a discussion should occur between the Transferring Party and the Receiving Party to determine the most appropriate process to complete the IPOS. 	<ul style="list-style-type: none"> -Level of Care and other Assessment Tools may need to be updated as appropriate such as LOCUS/CAFAS, etc. -DO NOT complete a BHTEDS Discharge -Early Terminate Authorizations -Supervisor/Designee close Program and Staff Assignments as appropriate

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Types	Warm Hand Off	Process	Documentation	Other
-Transferring between Network Providers outside of the Phoenix System	-Same as above	-Transferring party will make contact with the Receiving Party. The Receiving Party will determine the process that best serves the individual and the program. Assessments and IPOS completion will be discussed and decided upon.	-Transferring Party completes an IPOS Addendum with 45 day Authorizations -Assessments and IPOS completion and development is to be determined by the Receiving Party. External Assessments and IPOS are scanned in the E.H.R.	-Transferring Party Opens Program Assignments for Receiving Party -DO NOT complete a BHTEDS Discharge -Early Terminate Authorizations -Supervisor/Designee close Program and Staff Assignments as appropriate
-Increase in level of care -Adding on Services/Programs	-Primary Case Holder will make arrangements with the party providing the additional services for a face to face meeting	-Primary Case Holder will coordinate the addition of the services with the new service provider. -Primary Case Holder will discuss the development of Goals and Objectives and the incorporation of these goals in the IPOS. -Primary Case Holder completes any required Referral forms	- Primary Case Holder completes an IPOS Addendum for 45 day authorizations.	-Supervisor/Designee Opens Program Assignments for Add on Services/Programs -Supervisor/designee of the Primary Case Holder to open Add On Program Assignments -DO NOT complete a BHTEDS Discharge
-Reduction in level of care and remains with some service providers within the Provider Network -Dropped out of one/some services but continues with other services -Transitioning to Meds only	The Primary Case Holder may provide a Warm Hand off if warranted, feasible and requested by the individual.	-Primary Case Holder Responsible for notifying other service providers of the reduction of services.	-Primary Case Holder completes an IPOS Addendum -Action Notices sent by Primary Case Holder if the IPOS Addendum can/will not be signed by the individual -Early Terminate any authorizations from the services being reduced/eliminated	-Supervisor/designee of the Primary Case Holder close Admissions for Program and Staff of the ending services. -DO NOT complete a BHTEDS Discharge

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-Out of County Move with BABHA remaining the COFR	-COFR arrangement are made -Contact with County of Service is made	Primary Case Holder/Supervisor/designee notifies the COFR Specialist of the pending COFR arrangement		-The Service Providers request the appropriate Authorizations to the COFR Specialist -DO NOT complete a BHTEDS Discharge
-Incarceration, Long Term State Hospitalization or Residential Placement	No	-Information shared with Receiving Party will include relevant information for treatment purposes allowable by law. -The program and staff assignments remain open and include program and staff assignments and authorizations for the treating provider (Ex. Jail Liaison, Physician, Hospital Liaison, and Residential Liaison).	-If another treatment facility has a valid Assessment and/or IPOS, it can be scanned in to the E.H.R. -An IPOS Addendum will be complete by the primary clinical staff to reflect the change -An Action Notice will be sent indicating that services are being "suspended"	Supervisor/designee of the Primary Case Holder close Admissions for Program and Staff of the ending services. -DO NOT complete a BHTEDS Discharge

Inactive Status				
Type	Warm Hand Off	Process	Documentation	Other
-Planned absence 89 days or less (i.e. custody arrangements for joint custody, extended vacations, etc.)	No	-Primary Case Holder is responsible for ongoing monitoring of the case. If the person does not return for services after the 89 days, the Discharge Process must occur.	-Primary Case Holder outlines situation in the IPOS -Action Notice identifying that services are "suspended".	Inactive Status does not alter the allowed duration of the IPOS and need to update Clinical Assessment, BHTEDS Update Records and other documents. -Program and Staff Assignments remain open