

FIVE COUNTY MENTAL HEALTH AUTHORITY
CHECKLIST TO FACILITATE CONTINUITY OF CARE FOR CLIENTS OF AGENCIES
WHO CEASE SERVICE PROVISION DUE TO _____

The Provider who will be ending services is responsible for the following:

- Written and verbal notification given to consumers and supporting documentation. (copy of letter and note to chart)
- Provider Choice is appropriately offered and supporting documentation is available
- Obtain a signed Release of Information to allow transfer of information to the future provider.
- Contact with Five County Mental Health Authority NC-TOPPS Superuser to facilitate appropriate action regarding NC-TOPPS.
- Please arrange to fax the most recent assessment, most recent PCP and any other information helpful in treatment to the new provider. Verify receipt by the new provider.
- Contact with Medical Records staff at LME to arrange transition and security of consumer records as appropriate.
- An individual contact via phone or face to face with the future provider to discuss the status of the client is recommended. It is most ideal if someone will arrange and go with /meet and introduce the future provider to the client/guardians. At a minimum the current provider should assure that the consumer is informed of all processes.
- Request Provider Number from the new provider and complete an initial authorization (to avoid any lapse in service)
- Update the ITR's and send in with the end date of services to Value Options and send a copy to the new provider
- Complete an LME Discharge Summary
- Spreadsheet containing the following information should be forwarded to the Care Management Coordinator at FCMHA. (A sample spreadsheet *Transfer of Consumer Tracking Log*, can be found at www.fivecountymha.org under provider resources –forms.)
 - Medical Record Number
 - Name
 - Date of Birth
 - Type of Service
 - Funding for Service
 - Indicate the name of the agency that was chosen by the consumer or if client denied further services or consumer is no longer in need of services
 - Indicate if termination ITR has been completed and sent to VO and a copy to the new Provider
 - Indicate if any requested record documentation has been sent and
 - Verify that the new provider received the referral/information.
 - Indicate if the LME Discharge summary has been completed
 - Indicate the end date of service by your agency.
 - Indicate the date of service transfer to the new provider.
- If you have questions or need assistance regarding the transition of any consumers you are currently serving, please contact Director of Care Coordination, Ed Burnett, eburnett@fivecountymha.org (252 430-3074)