

Name: **Shawnee Health Service/Shawnee Alliance Referrals**

Document Type: **Policy** **X Procedure** Standard **X Training/Work Instructions**

Shawnee Health Service providers/personnel: Medical, Counselors, Behavioral Health staff, Nursing Staff, and Case Managers to refer patients to Shawnee Alliance Community Service Unit Division. Referrals are for the purpose of assistance in the community and for sharing information from the comprehensive assessment for the purpose of treatment and care planning.

Procedure:

Referrals will be made to Shawnee Alliance Community Services Unit Division program on High Risk Elderly persons as defined:

1. Age > 60 living in the community
2. 2 or more chronic medical conditions, new and/or unstable mental health diagnosis
OR
3. Fall risk with 1 or more falls within 3 months
OR
4. Trouble with IADLs (Independent Activities of Daily Living: needs assistance with grocery shopping, transportation, paying bills, fixing meals, taking medication, housework, laundry)
OR
5. Trouble with ADL's (Activities of Daily Living: requires assistance with eating, dressing, bathing, walking, transferring, grooming)
OR
6. Recent hospitalization or ER visit

In addition to the above mentioned populations, if a provider feels it necessary to obtain information from the community assessment for the purpose of treatment and care planning or if a person has undefined areas of concern.

Referrals may be made to Shawnee Alliance from the provider, clinic manager, nurse, case manager, etc. if concerns or information is needed from the community assessment. Referrals can be for the purpose of a standard community based referral or for a GWEP/Catch On referral for information sharing, the referral type would need to be noted at the time of the referral/call. All information sharing is with the consent of the patient/client.

For a standard Comprehensive Care Coordination referral the clinic staff will call into the Case Manager Assistant (CMA) who will take the intake information for community based resources and referrals. The Comprehensive Assessment Summary will not be returned to the clinic.

For GWEP/Catch On referrals: specifically Shawnee Alliance will provide crucial feedback to the holistic care of older adults by returning a summary of the comprehensive assessment. Shawnee Alliance will provide feedback at initial visit from referral, 3 month and one year, assessments completed outside of the above requested documented contacts will be provided only if significant change was found impacting their medical treatment.

For a GWEP/Catch On referral the clinic staff will need to notify the CMA with the following procedure:

The Case Manager Assistant (CMA) will receive the referral from the physician or care provider's office for the purpose of initiating a face to face home visit. For the purpose of tracking and information sharing the referrals will be coded in Shawnee Alliance CMIS program as: Shawnee Health Service referral code 82.

If referral is a current CCC participant the CMA will take all information down on a case recording, including the physician follow up time frame with the participant and authorize a redetermination. The redetermination will be 14 days unless specified by the provider's office a shorter time frame

is needed (example I have a 10 day follow up with the patient our due date would be 10days).

If the referral is on a new participant the CMA will take all information on an intake form, again authorizing the initial assessment based on the specified timeframe of the referring physician.

The CMA will notify the CC by email immediately following the referral as to the information provided and the time frame of the summary assessment to be returned to the physician. If a Request for Interim(RFI) or Temporary Service Increase(TSI) (emergency need for services: imminent risk of Nursing Home Placement within 72 hours) the CMA will call the Care Coordinator as well.

The CMA will provide the CC Supervisor a copy of the intake and or case recording for review and staffing with CC.

The Care Coordinator will acknowledge receipt of the referral and the time frame give.

The CC will review/staff each referral with their supervisor for insight and suggestions to the case within 24-48 hours after receiving the referral.

The CC will make a face to face assessment with the client, thoroughly completing the summary section of each domain. The summary sections will provide services / resources/ programs/ and supports in place, being added or being refused. In addition this section will have documented voids in assistance.

The CC **will not** hold up providing the assessment summary form pending financial documentation. Following the face to face and prior to the time frame provided by the referral source the CC will review with supervisor the extracted the information from the CCC and fax it to the following persons and numbers:

Shawnee Health Service: Carterville	TBA	TBA
Shawnee Health Service:	TBA	TBA