

State of New York OFFICE OF MENTAL HEALTH <hr style="width: 20%; margin: auto;"/> OMH OFFICIAL POLICY MANUAL	Date Issued 4/14/87	T. L. 87-06	Section # PC-615
	Section Patient Care - Patient Services		
	Directive Referrals		

A. Policy Statement

Patients receiving treatment in inpatient and other residential programs operated by State psychiatric facilities may require services that are not available within their program component or facility. To ensure that these services are appropriately provided and to allow for the continuity of patient care, each facility shall have a well-defined plan for the referral of patients and the provision of consultation between facility program components, and between the facility and other service providers. It is the responsibility of the facility director to ensure that such a plan is developed, implemented, reviewed annually and is in compliance with the requirements of this policy directive.

While the purpose of this policy directive is to describe the requirements related to obtaining referral services for patients in programs providing 24-hour supervision (i.e., an inpatient or residential program), there is an expectation that outpatients will be assisted in gaining access to needed services that are unavailable within the outpatient program. However, it is anticipated that the process and degree of involvement will be significantly different from that of inpatient or residential programs.

Initial implementation of this policy directive shall commence immediately, and full implementation is required within twelve months of the effective date of this directive. Services that constitute part of the discharge planning process are specifically excluded from this policy directive. Such services are described in the OMH Official Policy Manual, PC-400.

B. Relevant Statutes and Standards

Mental Hygiene Law, Sections 29.15 and 33.13
14 NYCRR 27.3, 27.5 and 27.9
JCAH Consolidated Standards Manual
JCAH Accreditation Manual for Hospitals
OMH Official Policy Manual, PC-400, Discharge and Conditional
Release of Patients to the Community from State Operated
Psychiatric Facilities

C. Definitions

- 1) Continuity of Care - a philosophy of service provision which espouses the coordinated, unfragmented, and uninterrupted delivery of comprehensive services to patients.
- 2) Referral - a request by the patient, family, and/or member of the treatment team for services not provided within the patient's current program or facility. These services may represent a component of the comprehensive treatment process, or include examinations, assessments, or consultations which are utilized for diagnostic purposes.

- 3) Referral Service Provider - the individual, program, or facility that receives the request for additional services or consultation.
- 4) Referral Source - the program component within the facility that initiates or conveys the request for additional services or consultation.

D. Body of the Directive

This policy directive consists of four components:

- 1) Referral Process
 - 2) Service Agreements
 - 3) Review of Referral Process
 - 4) Quality Assurance Activities
- 1) Referral Process

As part of the referral plan, the policies and procedures developed by each facility shall describe the specific conditions under which referrals can be made between program components within the facility, and between the facility and other service providers. These conditions shall include instances when a patient requires or may benefit from, in the opinion of facility staff, a service not provided by the patient's current treatment program. These conditions shall also allow for requests for referrals from patients or family members, which shall be evaluated by the attending physician and initiated as appropriate. Receipt of referral services shall not constitute a discharge from the facility.

Each facility's written policies and procedures must include a description of the process for obtaining a referral. Referrals may occur as a result of an identified need and shall be documented in the patient's Uniform Case Record as a treatment objective, when appropriate. Facility procedures must also delineate how the process is initiated (i.e., specific forms or protocol for specific situations), and what staff members or department shall assume the responsibility for issuing or conveying the referral request.

To ensure continuity of care during and following the referral process, formal mechanisms of coordination between the referring source and the referral service provider shall be established. These mechanisms, as described in the facility's written policies and procedures, shall include the responsibilities of both parties.

a) Responsibilities of referral source

At a minimum, the responsibility of the referral source is to provide the referral service provider with the following materials and information:

- i) Signed consent for the release of information, using form OMH 11, if a service agreement does not exist. This is necessary only for referrals to external service providers (i.e., providers not associated with the facility).
- ii) Reason for the referral.
- iii) Treatment objectives related to the referral request, if appropriate.

- iv) Background information, including psychiatric history (if relevant to the referral service), current medication and other relevant information.
- v) Special clinical management requirements, if any.
- vi) Proposed method of maintaining coordination, including a contact source.
- vii) Procedures for transporting the patient to the referral service provider, and for returning the patient to the facility or program component, as appropriate.
- viii) Procedures for billing and reimbursement, when appropriate.

It is the responsibility of the referral source to ensure the continuity of the patient's psychiatric care while s/he is in the care of the referral service provider. This responsibility shall be clearly identified in each facility's written policies and procedures, including the mechanisms for ensuring such care. At a minimum, the policies and procedures shall describe the staff responsible for ensuring psychiatric care and the minimum schedule for contacts.

In addition to ensuring the continuity of psychiatric care, it is the responsibility of the referral source to continue the care initiated by the referral service provider, as indicated. This shall include a review of the recommendations, if any, provided by the referral service provider, a treatment plan review, and amendments to the treatment plan, as necessary.

The referral source shall make all appropriate notifications (e.g., family members, other service providers), depending on the nature of the referral service being provided and the expected length of time away from the facility, if any.

b) Responsibilities of referral service provider

- i) All referral service providers shall be fully qualified to provide the requested service and shall meet and maintain all applicable statutes and standards for practice as well as any additional requirements of the referral source.
- ii) Each referral service provider must abide by all applicable standards related to the confidentiality of patient information.
- iii) The responsibility of the referral service provider, as conveyed by the referral source, is to provide the referral source with a timely report describing the results of the referral and any recommendations for continuing care. The contents of this report and the date of its submission must conform to the requirements of the referral source, as described in the request for referral.

2) Service Agreements

When a facility uses a specific referral service provider on a continuing basis, an agreement must be established which specifies the expectations related to safe,

appropriate and effective service provision. All agreements must be documented by mutually signed service agreements, letters of confirmation from the facility to the referral service provider, or other appropriate documentation. Service agreements must include the following:

- a) Responsibilities of the referral source.
- b) Responsibilities of the referral service provider.
- c) Criteria for referrals.
- d) Type and scope of services to be provided.
- e) Staff or specific provider(s) responsible for the coordination of the referral process, as designated by the referral source and the referral service provider.
- f) Information exchange requirements.
- g) Provisions for continuity of care.
- h) Procedure for transporting patients.
- i) For clinical services, an acknowledgement of the referral source's need to monitor the services provided and receive responses to issues raised from the referral service provider.
- j) Procedure for obtaining the informed consent of a patient (or a person authorized to act on his or her behalf) prior to the administration of electroconvulsive therapy, surgery or major medical treatment.

For instances when a facility uses a referral service provider on an infrequent basis and has not established a signed service agreement, arrangements for services from a referral service provider shall include the specification of the above stated expectations related to safe, appropriate and effective service provision.

3) Review of Referral Process

The facility director shall ensure that all written policies and procedures and agreements for referral services are reviewed annually, amended as appropriate, and the review is documented.

4) Quality Assurance Activities

The facility director shall ensure that, as part of the facility's quality assurance program, mechanisms are established and implemented to monitor and evaluate the quality and appropriateness of services provided through referral. These mechanisms include, but are not limited to:

- a) Monitoring referral services through systematic and routine collection of data.
- b) Evaluation of referral services through assessment of collected data.
- c) A process of problem identification, correction, and documentation which is based on monitoring and evaluation activities.

- d) Evaluation of the effectiveness of monitoring, evaluation, and corrective action activities as part of the annual re-evaluation of the facility's quality assurance program.