


COBB COUNTY COMMUNITY SERVICES BOARD

Policy # 8043	Intra-agency Referral	Service Delivery
Origination Date: August 2001		
Revision Date: February 2004; March 24, 2006; June 29, 2007; February 24, 2009; August 26, 2010, September 26, 2012, May 1, 2013, August 20, 2019		
Reviewed Date: January 2005, July 14, 2016		
Approved: 		
Foster Norman, Executive Director		

POLICY:

It is the policy of the Cobb County Community Services Board that all intra-agency referrals will utilize the electronic medical record system.

PROCEDURE:

1. Intra-agency referrals shall be accomplished by completing the Transition Summary and by the Transition provider sending an e-mail or making a note in the Memo to Chart (CareLogic) and completing any specific forms designated by the body regulating that particular program. Any information needed by the recipient that is not covered in the Transition Summary and/or treatment plan would be documented in the Memo to Chart.
2. Recipients of referrals will respond to said referrals in accordance with the time frames specified by their specific programs. Recipients of referrals will use the Memo to Chart, Authorization documents, Plan of Care, and other information in the computer system to evaluate the appropriateness of the referral. Response to and/or follow-up concerning the referral will be provided via e-mail to the original sender and documented in a Memo to Chart note within the required time frame of the program.
3. If the referral is deemed appropriate, and the individual is accepted, the transitioning staff member will complete a Clinical Request for Information System Additions/Changes, informing Medical Records staff that the individual needs to be transitioned. Any requests will be communicated between the transitioning and receiving staff. The receiving staff member will also submit paperwork relevant to the transition (if any) for inclusion in the clinical record.
4. If an individual is deemed not appropriate for the staff/program to which he/she was referred the non-accepting staff/program will document the reason for the refusal in a Memo to Chart note and communicate this information to the referring staff member.
5. If an agreement regarding the referral is not reached between the staff/program then the referring staff member/program can request a clinical staffing to determine the appropriate level of care. The different programs' clinical supervisors should be present or have input in the meetings.
6. If a unilateral decision still cannot be reached, the Directors for the program will be consulted and/or the matter will be brought to the agency's Behavioral Health Clinical Director, who can/will consult with the Chief Quality Officer and Executive Director, as needed.