707.0 Care and Support Coordination

707.1 Policy Approval Clearance Record

☐ Rural Services Policy ☒ Rural Clinics ☒ Rural Regional Centers	This policy supersedes: n/a	Number of pages in Policy: 3
Review by Representative from the Office of the Attorney General: n/a	Date: n/a	Date Policy Effective: 8/1/12
Rural Services Director Approval Signature: *Barbara Legier*	Date: 7/27/12	Policy Lead: Robin Williams

707.2 Statement of Purpose

707.2.1 **Policy Statement:** It is the policy of Rural Services to work collaboratively with state and community partners to assure continuity or service delivery for individuals served.

707.2.2 **Purpose:** To define the roles and responsibilities of Rural Services staff when working with individuals supported by multiple agencies and when individuals transfer to or from Rural Services to assure continuity of service delivery.

707.3 Authority

NRS 433, 494
MHDS Policy 4.011

707.4 Unique Definitions and Acronyms

707.4.1 Refer to Standard Definitions Policy

707.5 Procedures

707.5.1 Collaboration with Other State Agencies and Community Providers:

A. Individuals who receive services and supports from other state agencies or community providers will have this documented clearly in their electronic record. This documentation will include: name of agency, services received from this agency, and primary contact person from the agency.

B. The MH or DS staff person who has the most federal or state requirements to oversee service delivery will:

1. Document the roles and responsibilities for each agency regarding delivery of services, including informing the Fiscal Department which staff person will be billing for Targeted Case Management services.
2. Invite staff from all involved agencies to participate in the individual's planning meetings as appropriate and as requested by the individual or the guardian.
3. Assure that all agencies have been afforded the opportunity to be involved in the development of the written plan for the individual to assure health and safety needs are met and that progress on the plan is documented and given to all involved agencies.
4. Communicate information to team members.
5. When needed, assure that a transition plan is in place that outlines the roles and responsibilities of each team member, timelines, and expected outcome.

6. Request written documentation of services provided by other agencies, including inpatient services, medical services, discharge information and professional assessments initially and ongoing as needed.

7. Obtain and track necessary release of information forms.

Information will be updated as needed and reviewed every 90 days. Changes to this information will be documented in the individual's electronic record.

C. Staff providing supports to Individuals who are designated as "Cooperatively Served" as outlined in Rural Services Policy #705, "Coordination of Services for Individuals who are Dual Diagnosed", will follow the procedures delineated in that policy.

707.5.2 Transfer of Services to and From Other Agencies

A. Individuals transferring to and from Rural Services – Mental Health

1. Individuals transferring services from other agencies who do not have a current open case with Rural Services – MH will work through the clinic intake process.

2. Individuals transferring services from other agencies who have a current open case with Rural Services – MH will work with the individual who is primarily responsible to assist them in meeting their goals.

B. Individuals transferring services to and from Rural Services – Developmental Services

1. Individuals transferring services from other agencies who do not have a current open case with Rural Services – DS will work through the Intake Coordinator. DS staff will work with the Intake Coordinator to coordinate the flow of information and will assure that all information regarding the transfer is communicated to the Intake Coordinator. It is the responsibility of the DS Intake Coordinator to assure that all information is transferred in a timely manner and that all needed release forms are in place prior to the exchange of information.

2. Individuals transferring services from other agencies who have a current open case with Rural Services – DS will work with their assigned DS III.

707.5.3 Training

A. Rural Services staff will provide education related to eligibility/admission and discharge/termination decisions, service provision and access to service components as needed.

707.5.4 Timelines

Table 707.1: Timelines for "Care and Support Coordination"

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Document State and community agencies	As they are involved	1st date of services	Individual responsible for assisting individual to meet their goals.	Document agencies that provide services and supports in electronic record and in treatment plan.
Invite staff from agencies to assist in treatment planning	Every 90 days or as needed	1st date of services	Individual responsible for assisting individual to meet their goals	Update information for treatment plan.

707.5.5 Documentation

A. Case File Documentation (paper):

Table 707.2: Documentation for Care and Support Coordination Policy

Individual Support Plan (ISP	Documentation what kind? And where filed? In the ISP that delineates how services are being collaboratively coordinated with all Mental Health staff that are providing a Mental Health services

B. AVATAR/DSNEXT Documentation (electronic):

Table 707.3: AVATAR/DSNOW Documentation for Care and Support Coordination Policy

AVATAR	Documentation in the Treatment Plan that delineates how services are being coordinated with community partners and/or other state agencies.
AVATAR	Documentation with other staff in progress notes of all communication leading to a decision point for the individual being served.
DSNOW	Documentation of collaboration with staff from community agencies and/or other state agencies in progress notes.

707.5.6 **Supervisory Responsibilities:** Supervisors will provide in-service training to ensure all staff understands the requirements of this policy and its procedures. Supervisors will revisit this policy periodically, but no less than annually to identify recommendations for improvement.

707.6 Policy Cross Reference

707.6.1 NV Medicaid Services Manual" Chapters 100