



Subject: Clinical Practice	Procedure: Provider to Provider Transfers	
Last Updated: 7/27/2025	Owner: Managed Care Operations (MCO)	Pages: 4

I. PURPOSE:

To define and describe operational guidelines for transfers of care between providers and provider programs. This procedure applies to all Macomb County Community Mental Health (MCCMH) directly operated and contract network providers.

II. DEFINITIONS:

Certified Community Behavioral Health Clinic (CCBHC):

Certified Community Behavioral Health Clinics (CCBHCs) are designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age.

III. STANDARDS:

- A. Macomb County Community Mental Health's (MCCMH) transfer processes are accomplished in an appropriate, timely, and effective manner, which ensures information sharing between treating professionals, with little or no disruption in services.
- B. Providers assist persons served when a transfer of care to a new provider is requested.
- C. Verification of the designation of Mild-to-Moderate Mental Illness, Serious Emotional Disturbance (SED), Serious Mental Illness (SMI), Intellectual and Developmental Disabilities (IDD), or Substance Use Disorder (SUD) must be completed prior to the transfer.
- D. Persons served with a Mild-to-Moderate designation must be connected with Certified Community Behavioral Health Clinic (CCBHC) / Designated Collaborating Organization (DCO) providers to ensure appropriate continuity of care.
 1. MCCMH's CCBHC Team must be notified if the transfer is to a different CCBHC or from a CCBHC to a DCO.

2. This Team consists of MCCMH's CCBHC PIHP Contact, Clinical Administrator of the CCBHC, and Clinical Informatics Coordinator and can be reached at mccmhccbhteam@mccmh.net.
- E. When a person served requests transfer to a new provider under the same level of care and a satisfactory solution with the current provider cannot be reached the person served may discuss their transfer with their current provider or directly with a new provider.
 - F. Providers must communicate with one another throughout a transfer process to enable continuity of care for persons served.

IV. PROCEDURE:

A. Coordination with Current Provider

1. When a person served notifies their primary case holder of their desire to change providers, the primary case holder explores the reason(s) for the requested change and attempts to resolve any identified issues.
2. If the identified issues cannot be resolved, the primary case holder links the person to a new provider and helps schedule the person's initial appointment with the new provider.
3. The primary case holder communicates with the new provider, as needed, for optimal continuity of care.
4. The original provider opens a secondary admission to the new provider in FOCUS.
5. Once the person has attended their initial appointment with the new provider, the original provider closes their admission and makes the new provider the primary case holder.
6. If the person served does not follow through with the transfer as discussed, the current program will identify and support any barriers for the transfer and if clinically appropriate, continue to see them in their current program.
7. Medication reviews with the current provider must continue until a person served has attended an appointment with a receiving psychiatrist, if applicable.
8. The original provider early terminates their agency's authorizations in FOCUS.
9. The new provider requests/inputs their authorizations in FOCUS, as needed.
10. Admission layers and authorizations for ancillary providers will not be impacted.
11. A new treatment plan or addendum to the treatment plan must be completed during the first appointment with the new provider, including adding any new goals related to their level of care and ensuring there are measurable goals and objectives.

B. Coordination with New Provider

1. When a person served contacts a new provider and reports their intention to change providers, the new provider assists the person in scheduling their initial appointment.
2. The new provider contacts the original provider to notify them of the upcoming transfer.
3. As needed, the two providers communicate for optimal continuity of care.
4. The original provider opens a secondary admission to the new provider in FOCUS.
5. Once the person has attended their initial appointment with the new provider, the original provider closes their admission and makes the new provider the primary case holder.
6. The original provider terminates their agency's authorizations early in FOCUS.
7. The new provider requests/inputs their authorizations in FOCUS, as needed.
8. Admission layers and authorizations for ancillary providers will not be impacted.
9. A new treatment plan or addendum to the treatment plan must be completed during the first appointment with the new provider including adding any new goals related to their level of care and ensuring there are measurable goals and objectives.

C. Coordination with Managed Care Operations (MCO)

1. When a person served calls the MCCMH Customer Service (CS) line to discuss a transfer of care, the CS team explains the above processes to the person.
2. If a person indicates they are not able to discuss their situation with their current provider AND they do not want to initiate service with a new provider independently, their call will be directed to MCO for assistance.
3. The CS team triages the call and transfers it to MCO.
4. MCO gathers information on why the person wants to change providers.
5. The MCO team member attempts to solve the problem with the person.
 - a. If the person agrees to work with their current provider, MCO assists in contacting their provider to address the issue.
 - b. If the person still desires a new provider, MCO completes a brief screening to capture the transfer rationale.
6. MCO schedules an appointment with the new provider of the person's choosing.

7. MCO sends an email to the current primary case holder notifying them of the upcoming transfer.
8. As needed, the primary case holder communicates with the new provider to ensure continuity of care.
9. MCO opens a secondary admission to the new provider in FOCUS.
10. Once the person has attended their first appointment with the new provider, the original provider closes their admission and makes the new provider the primary case holder.
11. The original provider terminates their agency's authorizations early in FOCUS.
12. The new provider requests/inputs their authorizations in FOCUS, as needed.
13. Admission layers and authorizations for ancillary providers will not be impacted.
14. A new treatment plan or addendum to the treatment plan must be completed during the first appointment with the new provider including adding any new goals related to their level of care and ensuring there are measurable goals and objectives.

V. REFERENCES:

None.

VI. RELATED POLICIES

None.

VII. EXHIBITS:

None.

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	11/02/2021	Creation of Procedure.	Managed Care Operations
2	01/07/2022	Implementation of Procedure.	Managed Care Operations
3	06/11/2025	Update of Procedure	Managed Care Operations

