

Hamilton Center, Inc.  
Clinical Procedure Manual  
Procedure for Transferring Consumers

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**Purpose:** To establish Hamilton Center, Inc. (HCI) internal process for transferring consumers to another provider.

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**PROCEDURE:**

To ensure consistent and well documented transitions of consumers to another Provider, referrals to another Provider and/or from one cost center or program to another.

**1.0 Internal Transfers (from one Provider to another within the same program)**

- 1.1 If the consumer/family requests a transfer to another Provider because he/she is dissatisfied with services, the Program Manager will encourage the consumer/family to meet with the Provider to discuss their concerns. If the consumer refuses to meet with the Provider, proceed to the next step. Reference the HCI Policy on Consumer choice of Clinical Provider, OP.09.13.00.00.
  - 1.1.1 A consumer/family may also be transferred internally in the event of Provider termination, resignation, or change in job assignment or location.
- 1.2 The Manager will inform the Provider that the consumer/family is interested in transferring and will obtain information from provider on which other provider would best meet consumer's needs.
- 1.3 If transferring a consumer from office to school-based services, ensure that the family and the school agrees with these services. The outpatient Provider should speak to the school-based Provider and the Program Manager before making any commitment to the consumer/family about receiving services at school. Provider availability must be confirmed to accommodate this request. This also refers to school-based consumers wanting to transfer to office based services.
- 1.4 Once the transfer has been approved by the Program Manager or Care Manager Supervisor, the Provider FROM whom the consumer is transferring

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must complete the Internal Referral Document in the electronic medical record (EMR).

1.4.1 Information for the Internal Referral Document must include:

- 1.4.1.1 The date;
- 1.4.1.2 The reason for the transfer;
- 1.4.1.3 From and to whom the transfer is occurring;
- 1.4.1.4 Diagnosis and medical conditions known; and
- 1.4.1.5 Significant behavioral characteristics.

1.5 The Manager will enter into the electronic medical record the change of Primary Provider within 24 hours of receipt of the internal referral document. Central Scheduling will be notified to schedule the consumer's next appointment with receiving Provider. The transferring provider must have contact with the receiving Provider within seven (7) days and indicate so in the EMR using a progress note or a supplemental clinical note.

1.6 If the Internal transfer is between Care Manager and/or Community Based Provider, the receiving staff member must make contact with client within seven (7) days of transfer and indicate so in the EMR using a progress note or a supplemental clinical note.

1.7 All paperwork will be up-to-date (ANSA, CANS, HAP, MRO Reviews, OTRs, notes, etc.).

## **2.0 External Transfers (from one HCI cost center to another)**

2.1 If a consumer/family wishes to transfer to another HCI cost center or the Provider determines the consumer should be referred to a different cost center/program (either after initial intake or after ongoing sessions), the Provider will consult with the treatment team and communicate to their Manager explaining the need for the transfer. If the team is in agreement and the Manager has approved the transfer request, then the Provider should take the following steps prior to submitting the transfer to the Program Manager.

2.1.1 The Provider FROM whom the consumer is transferring will update the phone number and address in the EMR when applicable.

2.1.2 All paperwork should be up-to-date (ANSA, CANS, STPRs, TX Plans, OTRs, notes, etc.).

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- 2.2 The referring provider will complete the Internal Referral document in the EMR and transfer to their Program Manager.
  - 2.2.1 The following information must be added to the referral document:
    - 2.2.1.1 The office to which the consumer is transferring;
    - 2.2.1.2 The therapist and/or the NP or MD to whom the consumer is transferring;
    - 2.2.1.3 The date;
    - 2.2.1.4 The reason for transfer; and
    - 2.2.1.5 From and to whom the transfer is occurring.
- 2.3 The Program manager will transfer the referral document to the receiving Program Manager for acceptance of the transfer. The receiving Manager should respond within 48 hours of receiving the referral document. If the Manager is out of the office beyond 48 hours, the referring Manager will forward to the Clinical Supervisor and the Office Supervisor of the accepting site.
- 2.4 Once approved, the referring site will inform the consumer/family, and the accepting site will contact the consumer/family to schedule the appointment.
- 2.5 The receiving Manager will forward the Internal Referral Form to the provider to whom the consumer has been assigned. The receiving manager will enter the Provider change in the electronic medical record within 24 hours of receipt of the Internal Referral document.
  - 2.5.1 If the Internal transfer is between Care Manager and or Community Based Provider, the receiving staff member must see the client within seven (7) days of transfer and indicate so in the EMR.
  - 2.5.2 If unable to reach the consumer within seven (7) days of transfer, all attempts to reach the consumer must be documented in the EMR.

**REFERENCES:**

OP.09.13.00.00 – Consumer Choice of Clinical Provider