

In the event a provider in the CBH network closes an agency or relinquishes a licensed level of care, this checklist establishes required steps for CBH contracted providers to accept members from the closing provider or relinquished service.

Section 1: Information Sharing to Accepting Provider

- Consent forms with member signature and date

- Effective date(s) clearly identified

- Level(s) of care previously received

- Identification of members with complex needs/multi system involvement, if applicable

- Designated provider transition lead identified with contact information

Section 2: Member Continuity of Care

- Individualized transition plan(s) received

- Warm handoff completed for high-risk members, if applicable

- Medication continuity ensured (prescription supply and pharmacy information noted)

- Crisis plan with contact information shared with member

- If additional staff are needed, contact closing agency leadership for potential to absorb staff

- CBH Member Services can be contacted for member continuity of care support

Section 3: Member Notification Acceptance

- Written notice provided to members

- Notices provided in plain language and culturally responsive formats

- Notices include:
 - Reason for service change
 - Effective dates
 - Transition plan information with contact information for accepting provider

Section 4: Behavioral Health Records

- Member consent obtained for records transfer
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Section 5: Stakeholder Collaboration

- Obtain signed consents to contact external stakeholders to support member progress throughout treatment
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Section 6: Workforce and Service Stability

- Staffing plan ensuring safe and adequate coverage
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- Required supervision maintained per OMHSAS regulations
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- Staff trained on transition and referral procedures
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