

## **FOCUS Program Transfer Request: Change (Increase or Decrease) in Level of Care**

Transfer will be considered anytime there is a change in the provider responsible for providing/coordinating services for the consumer/family.

### **Examples of transfers:**

Need for a different level of care due to age:  
New Oakland Warren to First Resources North  
Specialized Residential to ACT

●In order to process the request, either the consumer or consumer's guardian will need to be in agreement before moving forward formally.

●All requests should be made through the provider line.

### **Process for Providers:**

1. The Electronic Health Record must have documentation to support the change in the provider/services.
2. The clinical support would be obtained in the following documents:
  - Tx plan
  - Service review
  - Annual assessment
  - Intake assessment disposition
3. Provider telephones or emails the Access Center at: (586) 948-0206/[dori.wroblewski@mccmh.net](mailto:dori.wroblewski@mccmh.net) and requests a transfer to a different level of care.
4. The provider will need to indicate to the Access Center staff member what level of care/service(s) the provider is requesting.
5. The staff will forward the request to the supervisor who will assign it to an Access Manager.
6. The Access Manager gathers clinical information to support the request and document it in the Electronic Health Record.
7. The referring staff member will give the reason for the transfer:

### **If transfer is authorized:**

If the consumer is **approved** for the services requested based on the clinical information, the Access Center will make the referral to the appropriate provider.

### **If the transfer is denied:**

If the consumer is **denied** for the services requested based on the clinical information, the Access Center will follow the denial process.