

Guidelines for Transfer or Coordination of Care by Service

The information below is meant to serve as a guideline. There may be instances when it is appropriate for services to be coordinated although they typically require transfer. Also, there may be instances when it is appropriate to transfer services although they are typically coordinated. Services provided by two or more providers shall not be duplicative.

Transfer of Care	Coordination of Care
<ul style="list-style-type: none"> • High Intensity Treatment: High Intensity Treatment Services (System of Care/Wraparound)*, Children’s Hospitalization Alternative Program (CHAP)*, Program for Assertive Community Treatment (PACT)*, Integrated Dual Disorder Treatment (IDDT)*, Intensive Outpatient Services (IOP)* 	<ul style="list-style-type: none"> • Outpatient Services: Brief Intervention Treatment, Comprehensive Community Support Services, CBT, Trauma Focused CBT, Individual Treatment, Therapeutic Psychoeducation (individual or family), Family Treatment, Group Treatment • Rehabilitation Services: Supported Employment, Day Support* • Medication Services: Medication Management, Medication Monitoring • Mental Health Clubhouse • Peer Services: Peer Support, Parent to Parent • Residential Placement* • Other Services: Psychological Assessment, Special Population Evaluation, Medicaid Personal Care*, Respite Care (planned)

**North Sound Mental Health Administration approval required prior to receiving this service.*