

Regional Community Support Center (RCSC)
SWVTC Procedures

- I. Referral Process
 - A. Referrals are initiated by the CSB case manager. In the rare instances in which there is no assigned case manager, a designated CSB representative will be required to sign off on the referral.
 - B. All referrals must include the following forms: Form1: SWVTC RCSC Outpatient Referral Request; Form2: Patient Registration/Consent; Form3: Consent to Exchange Information – SWVTC RCSC.
 - C. Additional forms are required for some services.
 1. DENTAL SERVICES: For this service, we also need the following forms completed: Form4, SWVTC RCSC Outpatient Medical History Questionnaire; Form5 Consent for Medical/Surgical Treatment Form7 HIPPA disclosure. The entire written explanation will be given to the client or his/her LAR and the signed acknowledgement of receipt of the DMRMRDSAS Notice of Privacy Practices needs to be returned to the SWVTC RCSC coordinator. Additionally, a copy of the client's most recent physical needs to be included.
 2. DENTAL SERVICE SEDATION: If it is known a client will need sedation to receive dental services, the CSB staff or caregiver should have the client's primary care physician (PCP) prescribe the sedation, have the prescription filled prior to the appointment and bring the medication with the client when they come for their dental appointment. The client will be given the medication on SWVTC grounds and the client will be required to stay 4 hours, either in the clinic or in the infirmary, to be watched for the best welfare of the client. If the client comes to dental clinic and it is determined that dental sedation is needed, the client will be rescheduled in order for his PCP to prescribe the needed medication. If the client does not have a PCP, please call the RCSC coordinator to pursue further options. SWVTC medical staff **will not** be doing any IM medication nor does the clinic have the capability of anesthesia.
 - D. Referral packets are mailed or faxed to the SWVTC RCSC coordinator. The RCSC Coordinator:
 1. Reviews the packet for completeness.
 2. Contacts the case manager to clarify and assess the request. If it appears that the services can be obtained elsewhere, appropriate referrals and recommendations are made.
 3. Notifies the CSB case manager if any additional paperwork is required.
 4. Completes page 2 of the SWVTC Outpatient Referral Request after talking with the case manager.

5. Documents all contacts on the RCSC Service Documentation Log.

II. Clinical Assignment

- A. When a referral packet is complete, the RCSC coordinator contacts the director(s) of the service(s) requested.
 1. The service director may decide at that time who to assign the case to or may request to have the referral packet sent to them for review and assignment.
 2. The RCSC Coordinator will forward a copy of the referral packet to the service director or designated clinician.
- B. Upon receipt of a referral a clinician will:
 1. Contact case manager, group home staff or family as indicated to schedule an appointment.
 2. Complete the assessment
 3. Document all contacts on the RCSC Service Documentation Log.
 4. Complete a written report.
 5. Forward logs and written report to RCSC Coordinator.

III. Distribution of Consultation Reports

- A. All RCSC reports and other documentation must be forwarded to the RCSC coordinator.
- B. The RCSC coordinator keeps the original consultation report and sends a copy to the case manager at the CSB. Unless a clinician specifically requests that a copy be sent to someone else by SWVTC, it is the CSB case manager's responsibility to distribute copies to family and other service providers.

IV. RSCS Client Records

- A. The RSCS Coordinator sets up a chart once a referral packet is complete.
- B. All referral documents, consultation reports and correspondence are kept in the client's chart.
- C. All RCSC Charts are kept in the RCSC coordinator's office.
- D. A referral is considered closed when the consultation report has been received and distributed, unless it is indicated in the report that further service will be provided, e.g. ongoing dental care.

V. RCSC Steering Committee

- A. The Steering Committee meets quarterly.
- B. Membership of the committee is comprised of SWVTC staff (Director, Staff Development Director/RCSC Coordinator, Medical Representative), a representative from each CSB in Southwest Virginia.
- C. The purpose of the Steering Committee is to provide direction and oversight for the RCSC.

VI. Service Reports

- A. Quarterly service reports are completed by the RCSC Coordinator. These reports contain information on service delivery and training provided.
- B. Service reports are distributed and discussed at the quarterly Steering Committee meetings.