

INTER-BHO TRANSFER AGREEMENT

Individual Name: _____ DOB: _____

Responsibility for outpatient and crisis services is assumed by the receiving BHO upon transfer, regardless of risk factors. Responsibility for specialized non-Medicaid services remains with the referring BHO as below. Specialized non-Medicaid services include IMD admissions, residential placement, and state hospital census.

- One risk factor: 6 months
- Two risk factors: 9 months
- Three or more risk factors: 12 months

Indicate which risk factors are present:

- Transfer is being requested due to availability of specialized non-Medicaid resource.
- High inpatient utilization – 2 or more inpatient admissions in the previous 12 months, an inpatient stay in a community hospital for 90 days or more in the previous 12 months, or discharge from a state hospital in the previous 12 months.
- History of felony assaults, ORCSP eligibility, or multiple assaultive incidents during inpatient care (that may not have resulted in criminal charges but resulted in injuries).
- Significant placement barriers - behavioral issues resulting in multiple placement failures, level 3 sex offender, arson history, dementia, and co-morbid serious medical issues.

Indicate type of transfer

- State hospital discharge.
- Outpatient individual requiring specialized non-Medicaid resources moving to another BHO.

Payment Agreement (Circle number of months based on risk factors)			
Service Type	Referring BHO Responsibility		
Outpatient treatment and Crisis Services	N/A: Responsibility of accepting BHO immediately.		
Specialized non-Medicaid services (IMD, Residential, State Hospital)	6mo	9mo	12mo

Signature of referring BHO administrator or designee _____

Date: _____

Signature of accepting BHO administrator or designee: _____

Date: _____