

## COMPANY NAME

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Category: Administrative

Number: 1.011.1

Subject: Contingency Plan

Applies: All Staff

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**Purpose:** To provide for continuity of care in the event of the dissolution of the Agency.

**Policy:** The Agency will provide for the continuity of care in the event of its closure to assure continuity of client care in compliance with HCSSA 97.295 relating to Client Transfer or Discharge Notification Requirements.

**Procedure:**

1. The Agency will notify physicians, providers of care, and clients/families due to notice of closure and document notice in the client's file.
2. Determine which agencies are able to accept transfers.
3. Ask clients and physicians for preference in choosing an Agency. Give the client the right to choose the receiving Agency.
4. Send copies of pertinent records to the accepting Agency. Coordinate transfer with receiving Agency.
5. The Agency will carry out the notification of closure and comply with 97.217 (2) (relating to Agency Closure Procedures).
6. Retain clinical records as required by the policy concerning retention of clinical records.