## P6: CASE CLOSURE AND EXIT

#### POLICY

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| Where a client is receiving case management, exit planning is commenced as part of development of client goals in the Client Support Plan. The aim is to ensure that the client experiences smooth transition from case management to other types of support where appropriate.Clients exit for a variety of reasons including achievement of individual goals, changes in living situations, entry into residential care, or death. A client may be exited on the understanding that they can re-refer for support in the future if required. |

#### PROCEDURE

Community Gateway will not give up their support responsibility for a client without first discussing this with the client and other agencies providing services.

Many clients may no longer require an intensive level of support and may be receiving straight forward services from a small number of agencies. In this case the client may become responsible for the co-ordination of services themselves. One agency however, should still be identified as the principal service provider, and be responsible for monitoring and reviewing the client’s and/or carer’s needs. The principal service provider role should be reviewed at the same time Client Support Plans are reviewed.

* Community Gateway will not reduce the level of service provided to a client without first discussing this with the client. Advocates may be involved in supporting clients in these decisions.
* Operational staff will advise the client verbally and in writing of the decision and reasons to withdraw support services.
* Operational staff will explore referral options if ongoing support or care is needed and plan transition.
* Operational staff will send a discharge letter with exit questionnaire unless, such as in the case of death of a client.
* Operational staff will finalise accounts.
* Operational staff will advise service providers of discharge.
* Operational staff will complete documentation and close ProSIMS file.

#### MEASUREMENT

* Documentation completed in ProSIMS file.
* Discharge letter sent with evaluation questionnaire; copy of letter on ProSIMS file.
* Final client contribution details sent to administration officer.
* ProSIMS file closed.

#### RESPONSIBILITIES

* Leadership
* Operational staff
* Clients

#### STANDARDS and COMPLIANCE

*Community Care Common Standard 2.1: Service Access*

*Community Care Common Standard 2.2: Assessment*

*Community Care Common Standard 2.4: Client Reassessment*

*Community Care Common Standard 2.5: Client Referral*

*Community Care Common Standard 3.1: Information Provision*

*Community Care Common Standard 3.5: Independence*

*Disability Service Standard 1: Rights*

*Disability Service Standard 2: Participation and Inclusion*

*Disability Service Standard 3: Individual Outcomes*

*Disability Service Standard 5: Service Access*

*Disability Service Standard 6: Service Management*

**OTHER RELEVANT POLICIES**

**P3 Planning and Support**

**P4 Implementing the Client Support Plan**

**P5 Monitoring Client Support Plans and Service Delivery**