NEW MEGA REGS POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: Notification of Material Changes
Assigned Policy Number: 13200

Mega Regs Policy Area(s): Mark All That Apply
☐ Plan Administration and Organization
☐ Scope of Services
☐ Financial Reporting Requirements
☐ Management Information Systems
☐ Quality Improvement System
☐ Utilization Management Program
☐ Access and Availability of Services
☐ Reporting Requirements

☑ Provider Network
☐ Documentation Requirements
☐ Coordination and Continuity of Care
☐ Beneficiary Rights
☐ Beneficiary Problem Resolution
☐ Program Integrity

Submitted by: Victor Ibabao Date: 3/29/2018
Policy developed by: Mary Harnish

Attach P&P Document For Review In this Section

II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: Date: 4/4/2018
County Counsel: Date: 4/11/2018

Section B: BHSD Executive Director

BHSD Executive Director: Date: 4/11/2018

Note - A copy of the Approved Mega Regs P&P Form will be emailed to: BHSD Compliance Unit
Policy & Procedure Number: BHSD # 13200

-x- BHSD County Staff  
-x- Contract Providers  
-x- Specialty Mental Health  
-x- Specialty Substance Use Treatment Services

Title: BENEFICIARY NOTIFICATION of MATERIAL CHANGES / PROGRAM CLOSURE

<table>
<thead>
<tr>
<th>Approved/Issue Date:</th>
<th>Behavioral Health Services Director:</th>
</tr>
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<tbody>
<tr>
<td>Last Review/Revision Date:</td>
<td>Next Review Date:</td>
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REFERENCE:


POLICY:

Purpose: The Managed Care Plan (MCP), Behavioral Health Services Department (BHSD) must notify beneficiaries when the services they are receiving are no longer going to be provided at the County or Contract-operated site where they are currently receiving services.

Policy:

Within 15 calendar days of receipt of a contracted provider’s valid formal termination notice, BHSD shall make a good faith effort to give written notice of the termination of the contracted provider to each beneficiary who received behavioral health services from, or was seen on a regular basis by the terminated contract provider.

DEFINITIONS:

Beneficiary. A Medi-Cal recipient who is currently receiving services from BHSD or a BHSD contracted provider.

Provider. A person or entity who is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide specialty mental health services and who meets the standards for participation in the Medi-Cal program as described in California Code of Regulations, title 9, Division 1, Chapters 10 or 11 and in Division 3, Subdivision 1 of Title 22, beginning with Section 50000. Provider includes but is not limited to licensed mental health professionals, clinics, hospital outpatient departments, certified day treatment facilities, certified residential treatment facilities, skilled nursing facilities, psychiatric health facilities, general acute care hospitals, and acute psychiatric hospitals. The MHP is a
Policy & Procedure Number: BHSD # 13200

BHSD County Staff
X Contract Providers
X Specialty Mental Health
X Specialty Substance Use Treatment Services

Title: BENEFICIARY NOTIFICATION of MATERIAL CHANGES / PROGRAM CLOSURE

provider when direct services are provided to beneficiaries by employees of the Mental Health Plan.

PROCEDURE

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<tr>
<th>Responsible Party</th>
<th>Action Required</th>
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| BHSD Division Director or designee | 1. Ensures appropriate written notice of termination is provided to the Department Director and Board of Supervisors.  
2. Provides written notice of termination of a contracted provider, within 15 calendar days after receipt or issuance of termination notice, to each client who was seen on a regular basis by the terminated provider. |
| BHSD Contract Monitor | 1. Coordinates the transition of the affected clients to an alternative program if applicable.  
2. Notifies the Call Center and other referring entities of the Program (or Agency) closure to ensure future referrals and referrals in progress are re-directed to other programs.  
3. Meets with the Contractor:  
   a. Review the number of clients to be closed and/or transferred.  
      i. Utilize BHSD electronic record system to identify current open caseload.  
      ii. Review the 30, 60, 90 day report to identify potential case closures.  
4. Identifies the programs or agencies that are available to provide alternative services or transfer services for affected clients.  
5. Facilitates transition meeting with BHSD contractors if needed.  
6. Tracks transition progress made by BHSD contractors.  
7. Secures any County equipment and inventory items belonging to BHSD.  
8. If the program and the agency is closing:  
   a. Identifies if there are any paper charts.  
      i. Paper charts from a closed agency or program will need to be transferred and stored at Iron Mountain through BHSD. |
### Title: BENEFICIARY NOTIFICATION of MATERIAL CHANGES / PROGRAM CLOSURE

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<tr>
<th>BHSD Decision Support</th>
<th>BHSD Contractor</th>
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<td>1. Three months post closure of a contract, BHSD will run a report to ensure that there are no services pending.</td>
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<tr>
<td>2. Decision Support will coordinate with BHSD Contract Unit to address any issues.</td>
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1. All programs and agencies must adhere to all requirements applicable to their contracts and/or agreements.
2. BHSD Contractor must provide a list of all clients who received mental health services or who were seen on a regular basis to the BHSD Contract Monitor within (15) calendar days from the date of the termination notice.

### Attachments:

**A**  
Program Closure – Client Tracking Table

[Program Closure – Client Tracking Table](BHSD_13200_ATTACHMENT_A-Program Closure Client Tracking Table.docx)

**B**  
Program Closure – Sample Notification Letter

[Program Closure – Sample Notification Letter](BHSD_13200_ATTACHMENT_B-Program Closure Sample Notification Letter.docx)