



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

- | | |
|---|--|
| <input type="checkbox"/> Plan Administration and Organization | <input type="checkbox"/> Provider Network |
| <input type="checkbox"/> Scope of Services | <input type="checkbox"/> Documentation Requirements |
| <input type="checkbox"/> Financial Reporting Requirements | <input type="checkbox"/> Coordination and Continuity of Care |
| <input type="checkbox"/> Management Information Systems | <input checked="" type="checkbox"/> Beneficiary Rights |
| <input type="checkbox"/> Quality Improvement System | <input type="checkbox"/> Beneficiary Problem Resolution |
| <input type="checkbox"/> Utilization Management Program | <input type="checkbox"/> Program Integrity |
| <input type="checkbox"/> Access and Availability of Services | <input type="checkbox"/> Reporting Requirements |

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: DocuSigned by: Victoria Phan Date: 4/4/2018

County Counsel: 3527B4B4F12742C... DocuSigned by: Lorraine Van Kirk Date: 4/11/2018

Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Toni Tullys 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

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

Title: BENEFICIARY NOTIFICATION of MATERIAL CHANGES / PROGRAM CLOSURE

Approved/Issue Date:	Behavioral Health Services Director:	
Last Review/Revision Date:	Next Review Date:	Inactive Date:

REFERENCE:

42 Code of Federal Regulations (C.F.R.) § 438.10 Information Requirements.

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



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<input checked="" type="checkbox"/>	BHSD County Staff
<input checked="" type="checkbox"/>	Contract Providers
<input checked="" type="checkbox"/>	Specialty Mental Health
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provider when direct services are provided to beneficiaries by employees of the Mental Health Plan.

<u>PROCEDURE</u>	
Responsible Party	Action Required
BHSD Division Director or designee	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. Review the number of clients to be closed and/or transferred. <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. Identifies if there are any paper charts. <ol style="list-style-type: none"> i. Paper charts from a closed agency or program will need to be transferred and stored at Iron Mountain through BHSD.



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	<p>ii. Agency’s electronic medical records will need to be collected by BHSD.</p> <p>9. If the program is only closing but the BHSD contractor has a contract with BHSD:</p> <p>a. BHSD contractor will maintain the client records and make them available to clients upon request within the timeframe designated for storage of records.</p> <p>10. Ensure BHSD contractor has closed all cases in the relevant BHSD electronic records system after proper transition of the clients.</p> <p>11. Submit a UCCAR to terminate the U-code once billing for services is completed (typically 3-6 months after termination).</p>
BHSD Decision Support	<p>1. Three months post closure of a contract, BHSD will run a report to ensure that there are no services pending.</p> <p>2. Decision Support will coordinate with BHSD Contract Unit to address any issues.</p>
BHSD Contractor	<p>1. All programs and agencies must adhere to all requirements applicable to their contracts and/or agreements.</p> <p>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.</p>
Attachments:	
A	<p>Program Closure – Client Tracking Table</p> <p><u>BHSD 13200 ATTACHMENT A-Program Closure Client Tracking Table.docx</u></p>
B	<p>Program Closure – Sample Notification Letter</p> <p><u>BHSD 13200 ATTACHMENT B-Program Closure Sample Notification Letter.docx</u></p>