



COUNTY OF SANTA CLARA
Behavioral Health Services

Supporting Wellness and Recovery

Policy & Procedure Number: BHSD #PRR-011

Primary Category	Impacts
BHSD System	<input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Administration <input checked="" type="checkbox"/> Service Delivery
Funding Stream	<input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Fee for Service <input checked="" type="checkbox"/> MHA <input checked="" type="checkbox"/> Block Grant <input checked="" type="checkbox"/> General Funds
Provider Type	<input checked="" type="checkbox"/> BHSD County Clinics <input checked="" type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers

BHSD POLICY & PROCEDURE

I. BHSD P&P INFORMATION

Assigned Policy Name: Notification of Program and Legal Entity Closure(s)

Assigned Policy Number: PRR-011

Policy Owner: Provider Relations

Impacted Managed Care Policy Area(s): Mark All That Apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Administration (ADM) | <input type="checkbox"/> Appeals, Grievances, Incidents (AGI) |
| <input checked="" type="checkbox"/> Clinical (CLI) | <input type="checkbox"/> Compliance and Confidentiality (COP) |
| <input type="checkbox"/> Contracts (CON) | <input type="checkbox"/> Data Management (DTM) |
| <input type="checkbox"/> Fiscal (FIS) | <input checked="" type="checkbox"/> General Operations (GEO) |
| <input checked="" type="checkbox"/> Health and Safety (HAS) | <input type="checkbox"/> Health Education (HED) |
| <input type="checkbox"/> Legal (LEG) | <input type="checkbox"/> Medical & Pharmacy (MPS) |
| <input checked="" type="checkbox"/> Member Services & Materials (MSM) | <input type="checkbox"/> Personnel (PER) |
| <input checked="" type="checkbox"/> Provider Relations (PRR) | <input checked="" type="checkbox"/> Quality Management (QAM) |
| <input checked="" type="checkbox"/> Reporting (RPT) | <input checked="" type="checkbox"/> Service Delivery (SDM) |
| <input checked="" type="checkbox"/> Utilization Management (UMR) | |

II. BHSD P&P APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance:

Date:

County Counsel:

Date:

Section B: BHSD Director

BHSD Director:

DocuSigned by:
Shumi Teraso
DAB699BA2A1544D...

Date: 1/10/2024

Approved/Issue Date: 11/28/23	Behavioral Health Services Director:	
Last Review/Revision Date:	Next Review Date: 11/28/26	Inactive Date:

III. REPLACES

- BHSD PP #13200 Notification of Material Changes
- MHP PP #412-302 Notification of Material Changes
- MHP PP #272 Notification of Material Changes

IV. REFERENCES:

- 42 CFR § 438.10. Information Requirements.
- 42 CFR § 438.62 Continued services to enrollees.
- 42 CFR § 438.68 Network adequacy standards.
- 42 CFR § 438.206 Availability of services. Delivery Network
- 42 CFR § 438.207 Assurances of adequate capacity and services.
- 42 CFR § 438.208 Coordination and continuity of care.
- 42 CFR § 438.608. Program integrity requirements under the contract.
- 42 CFR § 438.604 Data, information, and documentation that must be submitted.
- HSC § 1375.7. Health Care Providers Bill of Rights.
- BHIN No.: 23-016. Community Assistance, Recovery, and Empowerment (CARE) Act guidelines to delay implementation.
- BHIN No.: 22-033 2022 Federal Network Certification Requirements for County Mental Health Plans (MHPS) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS)
- BHIN No.: 22-032 County Mental Health Plan 274 Provider Network Data Reporting
- BHIN No.: 20-062 Timely Access Submission Requirements for Mental Health Plans
- ADM-007 Access and Availability of Behavioral Health Services
- BHSD Policy #7100 Network Adequacy and Timely Access
- PRR-010 Network Adequacy Change in Capacity Policy

V. PURPOSE:

The Behavioral Health Services Department (BHSD) Plan must notify beneficiaries, alert the Call Center and in some cases report to DHCS, when a Participating Provider permanently closes a program, or the legal entity is no longer going to provide services to beneficiaries covered by the Plan.

A Participating Provider is required to notify beneficiaries receiving services and work with the Plan to coordinate transitions of care. This policy outlines the process for program and legal entity closures.

1. POLICY:

This process applies to permanent program and legal entity closures for BHSD Participating Providers.

All contractual material changes require prior notification. Participating Providers must report program and legal entity closures by completing a Network Change Request Form at least **thirty (30) business days** in advance.



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As part of the Network Change Request notification process, Participating Providers will report both program and legal entity closures using the Network Change Request Form <https://www.surveymonkey.com/r/BHSDNETWORKCHANGEREQUEST>

- a. Complete all required fields of the NCR Form as they relate to the anticipated number of beneficiaries that will need to be transferred, referrals to be returned and locations of programs that will be closing.
- b. Complete and submit an initial Participating Provider Tracking Table which includes any beneficiaries receiving services, and those the program is unable to accommodate. (Attachment A).

The Plan will send Beneficiary Closing Letters within **fifteen (15) calendar days** of receipt program or legal entity closure to explain the change and steps that can be taken to continue receiving services within the network of care. (Attachment D)

DEFINITIONS:

Behavioral Health Services Department (BHSD). Encompasses all behavioral health operations, managed care functions, contracts, interfaces, funding streams and services to Santa Clara County beneficiaries. Includes and is not limited to the local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Mental Health Services Act (MHA) and Santa Clara County programs reliant on General Funds.

Beneficiary. A person seeking or receiving behavioral health services from BHSD that is either a person certified as eligible for Medi-Cal or Medicare services, or someone for whom there is no third-party payor who may become responsible for paying all or part of the person's medically necessary behavioral health services.

Material changes. A material change may be initiated as a result of a Participating Provider or the Plan terminating some or all of a Participating Provider's contracted services.

Participating Provider. A County, Individual Provider or County Contracted Provider (CCP) that has agreed to contract with the BHSD Plan to provide eligible services to Beneficiaries covered by its plan.

VI. OVERSIGHT AND MONITORING PROCEDURE	
Processes	Requirements
Notifications	<ol style="list-style-type: none"> 1. The Plan requires at least thirty (30) calendar days' notice about program and legal entity closure to avoid potential compliance issues, to ensure that beneficiaries continue to have access to the care they need and that impacted beneficiaries receive adequate coordination of care. 2. The Plan must make a good faith effort to give written notice of the participating provider termination to each beneficiary who received behavioral health services from or was seen on a regular basis by the participating provider, within fifteen (15) calendar days of receipt of a Participating Provider's Network Change Request Form. 3. A Notification of Adverse Benefit Determination (NOABD) must be issued to beneficiaries adversely impacted by program or legal entity closure.
Care Coordination	<ol style="list-style-type: none"> 1. Direct communication, transfer forms and supporting documentation will be used to coordinate care between the terminating entity and receiving party to ensure smooth transition of care.
County Equipment and Records	<ol style="list-style-type: none"> 1. County equipment and inventory must be returned to the Plan if applicable. 2. If the Participating Provider is closing: <ol style="list-style-type: none"> a. Paper and electronic beneficiary records will be transferred to the Plan, maintained for retention timelines, disseminated at beneficiary formal request, and destroyed when retention timelines are expired. 3. Participating providers that will retain beneficiary records will be responsible for retention timelines and record destruction.

VII. WORKFLOW PROCEDURE	
Responsible Party	Action Required
Participating Provider(s)	<ol style="list-style-type: none"> 1. Submit a formal Legal Entity closure notice to BHSD on company letterhead, with Owner/CEO signature that describes timelines for closure. 2. Meet with and coordinate closures with the Plan. 3. Send the appropriate letter to currently enrolled beneficiaries using the Beneficiary Closing Letter sample format on company letterhead. (Attachment B). The letter will address whether the beneficiary is: <ol style="list-style-type: none"> i. Part of the closure. ii. Being transferred. iii. Being closed without a new provider (this is a NOABD) 4. For NOABD communications include: <ol style="list-style-type: none"> a. A copy of each notification to BHSD.



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	<ul style="list-style-type: none"> b. Language Taglines c. Nondiscrimination Notice <p>5. For beneficiaries that receive medication management, work with the prescriber to obtain at least one refill to cover the beneficiary during the transfer process.</p> <p>6. Complete Transfer Forms and prepare transfer materials for beneficiaries to be transferred to other programs. Coordinate these transfers.</p> <p>7. Close Beneficiary enrollment in participating provider Avatar programs.</p> <p>8. Submit claims within thirty (30) calendar days of the closure date.</p>
Provider Relations	<ul style="list-style-type: none"> 1. Notify impacted parties and programs. 2. Notify DHCS if closure leads to loss of 25% of network adequacy.
Contract Monitor (s)	<ul style="list-style-type: none"> 1. Ensure that any affected beneficiaries are transitioned to an alternative program by the closing entity. 2. Meet with the Participating Provider to: <ul style="list-style-type: none"> i. Identify beneficiary terminations and transfers. ii. Utilize BHSD electronic record system to identify current open caseload. iii. Ensure beneficiary record documentation is complete. 3. Track closure progress on the Program Closure Checklist. (Attachment C) 4. Mail BHSD Beneficiary Closure Letter to impacted beneficiaries. (Attachment D) 5. Secure any County equipment and inventory items belonging to BHSD. 6. Facilitate transfer and oversight of beneficiary records, if applicable.
BHSD Data and Analytics	<ul style="list-style-type: none"> 1. Close impacted pre-admission programs effective on date of closure.

	<ol style="list-style-type: none"> 2. Set Avatar program(s) expiration date as one year from indicated closure date. 3. Pull a report to ensure that there are no services pending. 4. Expire program.
VIII. ATTACHMENTS	<ol style="list-style-type: none"> A. Participating Provider Tracking Table B. Participating Provider Sample Beneficiary Closure Letter C. BHSD Program Closure Checklist D. BHSD Sample Beneficiary Closure Letter

IX. REVISION HISTORY				
Policy Name	Active Dates Range	Date Approved	Reason for Review	Summary of Changes