

Department of Behavioral Health  
**TRANSMITTAL LETTER**

<b>SUBJECT</b> Provider Closure		
<b>POLICY NUMBER</b> 115.7	<b>DATE</b> NOV 11 2017	<b>TL#</b> 313

**Purpose.** To describe the process for consumer transition from one provider to another due to a provider or the Department of Behavioral Health's (DBH) initiated closure.

**Applicability.** DBH-certified providers with a Human Care Agreement (e.g., Mental Health Rehabilitation Services [MHRS] and providers of Substance Use Disorder [SUD] services).

**Policy Clearance.** Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices.


**Effective Date.** This policy is effective immediately.

**Superseded Policies.** None

**Distribution.** This policy will be posted on the DBH web site at [www.dbh.dc.gov](http://www.dbh.dc.gov) under Policies and Rules. Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.



**Tanya A. Royster, MD**  
Director, DBH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF BEHAVIORAL HEALTH	<b>Policy No.</b> 115.7	<b>Date</b> NOV 11 2017	<b>Page 1</b>
	<b>Supersedes</b> None		
<b>Subject: Provider Closure</b>			

1. **Purpose.** To describe the process for consumer transition from one provider to another due to a provider or the Department of Behavioral Health’s (DBH) initiated closure.

2. **Applicability.** DBH-certified providers with a Human Care Agreement (e.g., Mental Health Rehabilitation Services [MHRS] and providers of Substance Use Disorder [SUD] services).

3. **Authority.** DBH Establishment Act of 2013 § 7-1131.01, Title 22 DCMR Chapter A34, MHRS Provider Certification Standards, and Title 22 DCMR Chapter 63, and Certification Standards for SUD Treatment and Recovery Providers.

4. **Definitions.**

Consumers – refer to individuals who receive mental health and substance use disorder supports and/or services from DBH and contracted providers. Note: The common term used in the substance use disorder (SUD) service delivery systems is “clients”.

DBH Initiated Closure – the termination of contract of a DBH-certified provider with a Human Care Agreement due to revocation of a provider certification or non-renewal of the Human Care Agreement by DBH.

DBH Provider Closure Workgroup – a group convened by the DBH Network Development (ND) to coordinate the tasks required to close a provider’s business.

Human Care Agreement – refers to the Procurement Practices Human Care Agreement Amendment Act of 2000 (D.C. Law 13-155) which authorizes the District of Columbia Chief Procurement Officer, or his or her designee, to award human care agreements for the procurement of social, health, human, and education services directly to individuals in the District.

Network Development Division (ND) – the division within DBH that monitors and provides technical assistance to individual providers and the provider network on emerging clinical, care coordination, administrative and organization issues to ensure and enhance the provision of services. Supports the development of new providers interested in certification.

Provider Initiated Closure – refers to a situation where a DBH certified provider has notified DBH that it will be closing all or part of its business resulting in non- renewal or termination of the their Human Care Agreement with DBH.

5. **Policy.** The Department of Behavioral Health (DBH) shall protect the rights of consumers for continuity of care (no disruption of services) during a provider or DBH initiated closure by ensuring the following:

- (1) Provision of services within a specified time frame for all consumers who have been designated for transfer from one provider to another;
- (2) Assistance to consumers during the transition (e.g., provider fairs; participation in consumer provider choice; provision of information relevant to the closures, including medical records; adjustment to new provider setting);
- (3) Determination of capacity among the provider network to meet transitioning consumer needs;
- (4) Regulatory compliance in access, retention and storage of records;
- (5) Notifications to the general public and other relevant stakeholders regarding provider closure; and

6. **Procedures.** DBH and Providers are to follow the Task List and Administrative Guidance specified in Exhibits 1.

7. **Inquiries.** Questions regarding the contents of this policy shall be addressed to the Director, DBH Network Development.

8. **Exhibit.**

Exhibit 1 – Provider Closure Task List and Administrative Guidance

**Approved By:**

**Tanya A. Royster, MD  
Director, DBH**

  
(Signature)

NOV 11/22/2017  
(Date)



**Provider Closure Task List and Administrative Guidance**  
**Mental Health Rehabilitation Services (MHRS) & Substance Use Disorders (SUD) Services**

#	TASK	Completion Date	ADMINISTRATIVE GUIDANCE
1.	<p><b>Closing Notifications:</b></p> <p>Provider Initiated Closure: Closing provider notifies DBH of intent to close.</p> <p>DBH Initiated Closure: DBH Director sends Official Letter to Provider</p>		<p><u>Provider Tasks:</u>            Copies shall be sent to: Sr. Deputy Director, Accountability Administration, Director of Systems Transformation, Director of Network Development, Director of Community Services Administration, and Chief Clinical Officer.</p> <p><u>DBH Tasks:</u>            DBH Director acknowledges receipt and outlines next steps in the closure process. The DBH Closure policy and applicable checklist shall be attached to the letter.</p> <p><u>DBH Tasks:</u>            DBH requires acknowledgement/receipt. Letter outlines next steps in the closure process. The DBH Closure policy and applicable checklist will be attached to the letter.</p> <p><u>Provider Tasks:</u>            Acknowledges receipt of Letter from DBH.</p>
2.	<p>Official closure date.</p>		<p>Provider and DBH collaborate establish the official closure date which is at least ninety (90) days from the date of notification.</p>
3.	<p>Network Development (ND) convenes a provider closure work group and schedules meeting with the closing agency.</p>		<p>Meetings will be held weekly until the work group decides otherwise.</p>



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4.	ND notifies relevant agencies.		Relevant agencies may include: University Legal Services (ULS), Long Term Care (LTC) Ombudsman, Consumer Action Network (CAN), DC National Alliance on Mental Illness (NAMI), Child and Family Services Agency (CFSA), Managed Care Organizations (MCOs), Department of Healthcare Finance (DHCF) & Substance Abuse and Mental Health Services Administration (SAMHSA) and other stakeholders, as applicable.
5.	Provider and ND complete reconciliation list of consumers specifying the following: <ul style="list-style-type: none"> <li>a. Consumers to be dis-enrolled;</li> <li>b. Consumers to be transferred; and</li> <li>c. Consumers receiving specialty services - Community Based Intervention (CBI), Assertive Community Treatment (ACT), Rehabilitation Day Program, Residential Services, Employment Supportive Services (ESS).</li> <li>d. Consumers in Institutions - Saint Elizabeths Hospital (SEH), jail, nursing home, Residential Treatment Center (RTC).</li> <li>e. Children/Youth in the custody of CFSA</li> <li>f. Consumers in DBH supported housing</li> <li>g. Consumers having a Representative Payee to include the name of the payee.</li> </ul>		The initial lists will be compared to develop the closing Master working list. The list shall contain the following information: <ul style="list-style-type: none"> <li>a. Consumer's name</li> <li>b. Consumer's ID number from current Practice Management Systems)</li> <li>c. Consumer's Insurance Plan</li> <li>d. Consumer's Active or Inactive Status-The DBH list will indicate whether the consumer has had a paid service within the last 30, 60, or 180 days.</li> <li>e. The provider's list will also include the following information on each consumer as applicable:               <ul style="list-style-type: none"> <li>(1) Institutionalization status (hospital, incarcerated, nursing home, residential medically monitored withdrawal management (detox), etc.)</li> <li>(2) Representative payee status and provide the name of the payee</li> <li>(3) If the consumer resides in DBH subsidized housing</li> </ul> </li> </ul>



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			<p>(4) If the consumer is in a DBH certified Rehabilitation Day Program, ACT or CBI service program. The name of the provider shall be identified.</p> <p>(5) If the consumer is high risk/fragile (frequent hospitalization, frequent detox admissions, visits to community hospitals for detox, visits to CPEP and /or ER etc.</p> <p>(6) If the consumer is being recommended for disenrollment or discharge</p> <p>(7) Consumer's legal status (Committed consumers cannot be dis-enrolled)</p> <p>(8) Consumers with CFSA and DYRS</p>
6.	<p>Provider submits to DBH, through ND, their Staffing Plan identifying lead staff (with names, roles and responsibilities) until closure date.</p>		<p>The provider will provide a copy of the staffing plan to the DBH Network Development (ND) point of contact. As applicable, the plan should also be given to the appropriate Community Services Administration staff as identified by ND. The staffing plan will include the availability of staff to support consumers in transitioning to a new provider.</p>
7.	<p>ND informs provider network regarding closure of provider agency and determines provider capacity to accept transitioning consumers.</p>		<p>Notification is sent via email from the ND Director and announced at the Clinical Director's and CEO/CFO meetings.</p>



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8.	Provider, in collaboration with the DBH Consumer and Family Affairs Administration (CFAA), notifies each consumer about closure. Related signage posted throughout the facility.		<p>Written Notification shall contain the following information:</p> <ul style="list-style-type: none"> <li>a. Date of closure</li> <li>b. Location and name of a contact person to request obtaining a copy of their medical record.</li> <li>c. Date(s), times and locations of consumer forums</li> </ul> <p>Note: MHRS consumer should be given the Access Helpline Number to select a new provider. SUD consumers should be provided with instructions on how to report to the ARC to select a new provider.</p> <p>DBH will review and approve the written notification letter. Network Development staff will visit the closing site to ensure appropriate signage is placed throughout the facility.</p> <p>If the provider does not provide notification, ND, in collaboration with CFAA, will notify consumers of the closure.</p>
9.	Provider submits to DBH through ND their record retention plan including contact person for obtaining hard copy of records.		Provider must submit a plan that is submitted to ND & approved by the DBH Director of Health Information Management & Privacy Officer. The plan must adhere to all legal requirements (HIPPA, 42 CFR Part II, etc.) and DBH policies.
10.	Provider schedules a minimum of three (3) consumer forums.		If the provider is unable to schedule forums, ND leads and schedules a minimum of three consumer forums.



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			<p>ND staff plans the agenda for the forums and leads the forums. ND notifies CFAA to attend forums.</p> <p>The forums will be held at various times in order to allow for maximum participation of consumers to include evenings and weekends if applicable.</p>
11.	ND prepares and gives closing provider the Consumer Choice Form.		This packet includes information on participating providers who are interested in accepting the transitioning consumers.
12.	<p>ND Staff collects Consumers Choice Forms from the closing provider weekly and proceeds with the following:</p> <ul style="list-style-type: none"> <li>a. Give Forms to Access Help Line (AHL) for MHRS consumers. AHL enrolls consumers with new provider.</li> <li>b. Consumer Choice Forms from Substance Use Disorder (SUD) services are used for reconciliation of consumers transfer by ND with the master consumer enrollment roster and the AHL.</li> </ul>		<p>The closing provider will give all consumers a Consumer Choice Form. Enrollment with the new provider should occur at the time the consumer signs the Choice via the AHL. Copies of the signed Choice Forms shall be returned to ND.</p> <p>For SUD provider closures enrollment with the new ASARS provider should occur within 24 hrs. of the time the consumer has signed the Choice Form via the SUD Program Treatment Team. SUD provider will disenroll the consumer from services with their agency in current Practice Management Systems from SUD.</p>
13.	Provider and DBH review the Master Consumer List for final consumer status reconciliation.		<p>MHRS consumers: This List indicates the new core service agency (CSA) assignments and consumers that have been dis-enrolled from their agency. Verification must be documented in the current practice management system for MHRS.</p>





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			<p>SUD consumers: This list indicates the new SUD Provider, and whether the consumers were closed or disenrolled from their agency in DBH. Verification must be documented in the current practice management system for SUD.</p>
14.	<p>ND administratively assigns consumers who did not select a new provider and sends a letter to the consumers informing them of the newly assigned CSA/Sub and Specialty Provider and the contact information for AHL.</p>		<p>At the end of the closure, if a consumer did not select a new Provider, ND will reassign the consumer to a new provider based on availability, specialty and location.</p> <p>SUD providers are responsible for disenrolling consumers in electronic documentation software. ND will follow-up with providers to ensure that the process is completed.</p>
15.	<p>Provider conducts &amp; submits their internal audit to DBH of outstanding grant awards if applicable.</p>		<p>Provider will submit their audit to DBH of any outstanding grant funds awarded by DBH.</p> <p>Provider shall return to DBH any funds paid for services not provided or any other conditions of the grant award that were not met at the time of closure.</p> <p>Provider shall contact their grant POC (Program Monitor) within 30 days of established closure date with their plan to return to DBH any grant funds paid for services not provided or any other conditions of the</p>



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			<p>grant award that were not met at the time of the closure.</p> <p>The plan to close out services paid via grant fund(s) – service close out should align with established closure date.</p>
16.	ND ensures that Medical Records are transferred.		<p>ND will verify with AHL and IT that consumers have been assigned to a new Core Service Agency (CSA) and the closing CSA has been removed as the primary provider. Consumer records from Fully Integrated Providers (FIP) will be accessible to the new provider.</p> <p>Electronic data: If the closing agency is a DBH Partially Integrated Provider (PIP) transfer medical records packets shall be prepared in accordance with the transfer packet requirements outlined in the DBH Closure Policy.</p> <p>If non electronic records are being transferred, ND and closing provider ensures that medical records are transferred to the new provider in accordance with the Medical Records transfer list.</p>
17.	ND staff monitors transferred consumers 30 & 60 days from the agency's closure date.		The Office of Accountability and CFAA & ND may conduct announced and unannounced visits to the provider during the closure process.



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18.	DBH Operations Division & the closing provider reconcile all claims to be billed within 90 days post the closure date.		<p>With technical assistance from ND the provider will reconcile and submit all claims to be billed within 90 days of the established closure date.</p> <p>After 90 days, the provider will no longer be able to submit claims to DBH for processing; however, local payments are still subject to the timely filing limit and will not be paid for any locally billed service past 90 days of the original date of service.</p> <p>Provider may submit Medicaid eligible claims directly to the Department of Health Care Finance for Medicaid eligible consumers up to 365 days from the original date of service.</p>
19.	ND submits provider closure reports to DBH Senior Management.		<p>ND prepares and disseminates to DBH Senior Management at least bi-weekly a status report on the closure that minimally contains the following information:</p> <ul style="list-style-type: none"> <li>a. Number of consumers on closing provider's rolls</li> <li>b. Number of active consumers (consumers having received at least one service in the past 90-180 days)</li> <li>c. Number of consumers on rolls not seen in 180 days or more</li> <li>d. Number of consumers transitioned</li> <li>e. Name of new CSA/ACT or CBI Team</li> <li>f. Number of consumers disenrolled</li> <li>g. Number of consumers hospitalized</li> </ul>



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			h. Number of consumer incarcerated
20.	DBH, through ND, maintains the provider closure Master file.		DBH maintains the following records upon provider closure: <ul style="list-style-type: none"> <li>a. Copies of all communications to consumers from the closing provider and from DBH;</li> <li>b. Copies of all communications from provider to DBH and DBH to provider related to the closure</li> <li>c. Master consumer close out roster</li> <li>d. All returned mail from consumers;</li> <li>e. Closure reports; and</li> <li>f. Copies of information provided to internal and external Stakeholders (e.g., ULS).</li> </ul>