

Department of Mental Health
TRANSMITTAL LETTER

SUBJECT Suspended Referral Status		
POLICY NUMBER DMH Policy 200.3A	DATE MAY 1 € 2013	TL# 189

Purpose. The original policy only addressed suspended referrals when a provider reached maximum capacity. This revision expands the policy to address suspension of referrals for non-compliance with MHRS Provider Certification Standards, Human Care Agreement, and/or DMH policies and procedures, and sub standard services at the provider level. It also adds a time limit of no more than 45 days for a provider's initial request to suspend referrals, and a new requirement for a focused review if a provider requests to suspend referrals twice in a six month period, or if a suspension is initiated by DMH twice within a six-month period for non compliance or sub-standard services.

Applicability. Applies to the Department of Mental Health (DMH) and all DMH certified Mental Health Rehabilitation Services (MHRS) Providers.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Mental Health Authority offices.

Implementation Plan. Specific staff should be designated to carry out the implementation and training as needed, and program managers are responsible for following through to ensure compliance. Implementation of all DMH policies shall begin as soon as possible. Full implementation of this policy shall be completed within sixty (60) days after the date of this policy.

Policy Dissemination and Filing Instructions. Managers/supervisors of DMH and DMH contractors must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in the **DMH** Policy and Procedures Manual, and contractors must ensure that this policy is maintained in accordance with their internal procedures.

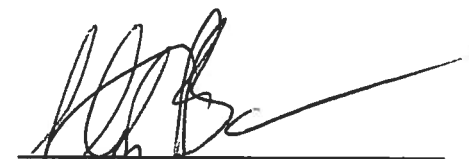
ACTION

REMOVE AND DESTROY


**DMH Policy 200.3, same subject
dated December 30, 2002**

INSERT

DMH Policy 200.3A



Stephen T. Baron
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF MENTAL HEALTH	Policy No. 200.3A	Date MAY 1 6 2013	Page 1
	Supersedes DMH Policy 200.3, same subject, dated December 30, 2002		
Subject: Suspended Referral Status			

1. **Purpose.** To set forth the policy and procedures to follow for suspending referrals to a DMH certified Mental Health Rehabilitation Services (MHRS) Provider.
2. **Applicability.** Applies to the Department of Mental Health (DMH) and all DMH certified MHRS Providers.
3. **Authority.** Department of Mental Health Establishment Amendment Act of 2001.
4. **Policy.** DMH may suspend referrals to a MHRS Provider for the following reasons:
 - (1) MHRS Provider reaches maximum capacity and is temporarily unable to enroll new consumers for a specified period of time.
 - (2) Non-compliance with Chapter 34, MHRS Provider Certification Standards; Human Care Agreement; and/or DMH policies and procedures.
 - (3) Sub-standard services at provider level, as evidenced by claims audits, fidelity reviews, quality reviews, community service reviews, provider score card rating, fidelity ratings, etc.
5. **Maximum Capacity.**
 - 5a. **MHRS Provider** shall:
 - (1) **Immediately** prepare a request in writing, via email, to the Director, Division of Care Coordination, for permission to suspend intakes/referrals if you reach maximum capacity (maximum number of consumers that can be served with current staff to client ratio). Call the Director, Division of Care Coordination at 671-3105, or call the DMH Access Helpline at 888-793-4357, for email address.
 - Identify the prevailing conditions/circumstances that prevent you from adhering to the MHRS Provider Certification Standards that require that each MHRS Provider be available to provide services and accept referrals based on consumer choice.
 - Indicate a date when you expect to resume accepting referrals. Initial requests may not exceed 45 days.
 - Include a corrective action plan that describes the actions you will undertake during a suspension event to create access to services (e.g., recruit additional staff to manage the number of referrals received or secure additional

therapeutic office space to deliver mental health services) with a method for communicating progress made in implementing the corrective action plan.

- Notify the Director, Division of Care Coordination, if an extension of time to implement the corrective action plan is required.

(2) Notify the Director, Division of Care Coordination, immediately when you are able to resume accepting new consumers.

- Notification must be in writing, via email, and identify actions taken to correct the conditions/circumstances that prevented you from being able to provide services and prevent reoccurrence of suspension status.
- Also see Section 5b(1)(f) below regarding DMH approval to resume accepting new referrals.

The Office of Accountability (OA), Division of Certification staff, shall conduct a focused review upon notification from the Division of Care Coordination, if a provider cannot resume accepting referrals as indicated in their request to suspend intakes/referrals or approved extension, or if a provider requests to suspend referrals twice in a six (6) month period.

5b. Office of Programs and Policy (OPP), Division of Care Coordination.

(1) **The Director, Division of Care Coordination** shall:

(a) Review the written request from the MHRS Provider to suspend their referral status and consider the conditions/circumstances presented, date that they expect to resume accepting referrals, and the corrective action plan submitted.

(b) Consult with the DMH Senior Deputy Director/OPP or designee, prior to making a final determination.

(c) Notify the MHRS Provider of the suspended referral decision in writing.

(d) Provide a copy of the decision to the DMH Senior Deputy Director/OPP; Director, Child and Youth Services Division; Director, Adult Services; other OPP staff members as needed; Director, Office of Accountability; Division of Certification; and Provider Relations.

- Provide a copy to all DMH-certified Core Services Agencies (CSAs) if the suspended referral status is for a specialty or subprovider.

(e) Follow-up with the MHRS Provider prior to the end of the suspended referral status to ensure they will be able to accept referrals as anticipated.

- If the MHRS Provider does not expect to be able to accept new referrals as indicated in their corrective action plan, request that the Division of Certification conduct a focused review, as deemed necessary.

(f) Upon written notification from the MHRS Provider that they are able to resume accepting referrals, consult with the DMH Senior Deputy Director/OPP to determine if corrective action plan goals have been met and date Provider may resume accepting referrals. Notify the Provider; Director, Child and Youth Services Division; Director, Adult Services; other OPP staff members as needed; and Provider Relations and the Division of Certification in writing; and provide a copy to all DMH-certified CSAs if a specialty or subprovider was in a suspended referral status.

(g) Request that the Division of Certification conduct a focused review if a MHRS Provider requests to suspend referrals twice in a six month period, has more than one suspension initiated by the OA or OPP for non compliance or sub-standard services within a six month period, or if a Provider cannot resume accepting referrals as indicated in the Provider's request to suspend referrals. The Division of Care Coordination will list the specific concerns when requesting a focused review.

(2) **Access Helpline.**

(a) Upon written notification from the Director, Division of Care Coordination, add the MHRS Provider to the Suspended Referral List, and suspend referrals to the provider as indicated.

(b) Inform individuals of all available providers that are currently certified by DMH whenever they call seeking access to mental health services.

- If an individual requests assignment to a MHRS Provider that is in a Suspended Referral Status, advise them that the provider is not currently able to accept referrals, and assist the individual with alternative choices.
- Assist individuals with scheduling their first intake appointment to occur within seven (7) days of referral/enrollment to a CSA.

(c) Upon written notification from the Director, Division of Care Coordination, update the Suspended Referral List, and resume making referrals to the MHRS Provider.

5c. **The Office of Accountability (OA), Division of Certification** shall conduct a focused review upon notification from the Division of Care Coordination.

6. Non-Compliance with MHRS Provider Certification Standards, Human Care Agreement, DMH Policies and Procedures, and/or Sub-Standard Services at a Provider Level.

6a. **Office of Accountability (OA)** shall:

(1) Notify the Director, Division of Care Coordination, when non-compliance and/or sub-standard services are found by OA staff during monitoring site visits, reviews, audits, or other OA investigations (also see Section 6b below regarding when OPP discovers non-compliance and sub-standard services).

- (2) Consult with Provider Relations; DMH Senior Deputy Director/OPP; and Director, Division of Care Coordination; regarding non-compliance issues and/or sub-standard services.
- (3) Notify the Division of Care Coordination and the MHRS Provider in writing whenever it is determined that referrals shall be suspended, with specified follow-up date to re-evaluate.
- (4) Request corrective action plan and progress reports from the MHRS Provider.
- (5) Conduct focused review to ensure the MHRS Provider has improved quality of service.
- (6) Analyze findings and discuss with Provider Relations and the DMH Senior Deputy Director/OPP to determine if corrective action plan goals have been met.
- (7) Notify the Director, Division of Care Coordination and the MHRS Provider, in writing when the provider is able to resume accepting referrals.

6b. Office of Programs and Policy (OPP).

- (1) OPP shall consult with OA and Provider Relations whenever OPP staff become aware of non-compliance or sub-standard services by a MHRS Provider, and/or upon notification of same by OA staff (also see Section 6a above). If it is determined that referrals should be suspended, OA shall follow the same procedures as stated in 6a(3) – 6a(7) regarding notifications, corrective actions plans, progress reports, focused reviews, and notifications to resume accepting referrals.
- (2) The Director, Division of Care Coordination, shall notify Access Helpline in writing when referrals should be suspended due to non-compliance issues or sub-standard services.
- (3) Access Helpline shall follow same procedures as outlined 5b(2) above regarding suspending referrals to a MHRS provider.

7. **Inquiries.** Questions regarding this policy may be addressed to the Director, Office of Accountability or DMH Senior Deputy Director/OPP.

Approved by:

**Stephen T. Baron
Director, DMH**


(Signature) 5/16/13
(Date)