

Bulletin ID: No. 15 (Revised)

Please note this replaces the previously issued MHRS Bulletin No. 15 - Protocol for Mental Health Rehabilitation Services Provider Closings
Work Plan is attached

I. OVERVIEW

The following protocol will serve as the plan to be implemented when a DMH-certified MHRS provider, sub-provider or specialty provider elects to cease operation. This protocol shall be applied to closure of sub-providers and specialty providers as appropriate/applicable. All DMH planning, communication, support and enforcement in the event of a MHRS provider closing will be coordinated through the DMH MHRS Provider/CSA Closing Workgroup (“Workgroup”). The Director of Provider Relations will chair this workgroup unless otherwise designated by the Director of DMH. The Workgroup will be composed of senior representatives from the following DMH offices: Office of Accountability; Office of Program and Policy; Office of Consumer and Family Affairs; Chief Compliance Officer; General Counsel; Provider Relations; Care Coordination; and Office of Fiscal and Administrative Services. The DMH Director, Chief of Staff, and Public Affairs Director will be included in all email communications by the Workgroup.

II. GOALS of DMH WORKGROUP

The primary goals of the Workgroup are to ensure that:

- The cessation of MHRS services and related supports imposes a minimal impact on the lives and well-being of the affected DMH consumers.
- DMH interfaces with the provider in a coordinated manner to identify, discuss, resolve and implement all actions necessary to bring the transition to a successful closure.
- Consumers are offered choice, their transfers to a new CSA or other MHRS provider are made expeditiously and are clinically appropriate.
- During the close out period, the provider maintains compliance with MHRS standards (Chapter 34); Housing Standards (Chapters 31 and 34); DC 6-108, Discharge, Transfer, and Relocation of Residents in Long-Term Care Facilities; the provider’s Human Care Agreement with DMH; and other applicable DC laws and regulations.
- Prospective MHRS providers/CSAs are identified that would be appropriate to accept consumers and agreement, including financial terms, is obtained from identified CSAs to accept new consumers. The new MHRS provider/CSA identifies the number of consumer slots available, and this information is communicated/coordinated to the closing MHRS provider/CSA and its consumers through DMH.
- All claims and payments are fully adjudicated and audited so that the financial status of the provider is considered in all decisions taken by DMH during the closeout period.

III. WORKGROUP ROLES and RESPONSIBILITIES FOR DMH OFFICES

The following are the major responsibilities of the DMH offices that participate on the Closing Workgroup:

Provider Relations - Chairs the DMH Closing Workgroup, serves as the single point of contact with the provider, and monitors other responsibilities included in the MHRS Closeout Work Plan (see work plan template) submitted by the provider. Provides input to DMH Workgroup on any clinical/administrative issues specific to the provider, attends consumer forums, takes the lead in identifying MHRS providers/CSAs that could appropriately accommodate transferring consumers, negotiates availability and number of slots with the identified providers, ensures that this information is coordinated with the closing MHRS provider/CSA, and reconciles that all consumers have, in fact, been transferred or disenrolled in the eCura system. Provider Relations also will officially notify other providers of the closeout in the monthly Chief Executive Officer and Chief Clinical Officer meetings as well as notify specified advocacy groups. Will coordinate with Information Systems to provide all parties with a current electronic listing of consumers linked to the CSA throughout the closeout period.

Office of Accountability – Provides input regarding all issues involving provider compliance with MHRS certification standards, attends provider closeout meetings, attends all provider/consumer meetings to ensure that the consumer choice/rights are observed in all phases of the closeout, and ensures provider adherence to MHRS standards.

General Counsel – Provides legal perspective on all closing issues as appropriate, work with the Chief Compliance Officer in taking the lead in negotiating legal issues and crafting letters that address legal issues.

Chief Compliance Officer – Provides legal perspective on all closing issues as appropriate, work with the General Counsel in negotiating legal issues and crafting letters that address legal issues.

Office of Consumer and Family Affairs – Provides advocacy for consumers during the closeout, participates in all consumer forums arranged by the provider during closeout period, and provides consumer hotline during the closeout period.

Care Coordination – Takes the lead in coordinating with the provider to facilitate transfers and disenrollments during the closeout, validates transfer and disenrollment listing submitted by the provider.

Housing Program/Office of Programs and Policy – Coordinates and facilitates with the provider and new CSA all housing and representative payee issues during the closing period, ensuring that housing is identified for each consumer.

Office of Fiscal and Administrative Services – Provides the Workgroup and the provider with accurate financial information regarding claims processing/warranting and payments, takes the lead in all financial audits, takes the lead in identifying funding for providers that would accommodate consumers transferred from the closing MHRS provider/CSA and in completing

the necessary transactions in the financial management system to ensure providers receive identified funding.

IV. INITIAL ACTIONS TO BE TAKEN BY DMH

The Department of Mental Health, through the Director of Provider Relations, will take the following actions, as soon as possible following initial notice from the provider that its MHRS operations will close:

- Schedule a meeting with the DMH Workgroup that will occur weekly until the closeout has been completed.
- Request a printout from Care Coordination HelpLine of all enrolled consumers for the provider.
- Provide, in collaboration with the Office of Accountability, an initial briefing for the Workgroup on issues related to the closing.
- Discuss in the Workgroup next steps using the Action Steps described below and the attached MHRS Closeout Work Plan template.
- Individualize the MHRS Closeout Work Plan to accommodate the specific concerns and issues that pertain to the closing for this provider. The Work Plan will be used as an action agenda for subsequent discussion with the provider.
- Schedule follow-up meetings with the provider and the Workgroup as soon as possible following the initial briefing meeting. These meetings will occur at least weekly until the close out is completed to ensure that the provider and all DMH offices are current on the status of progress being made on all issues related to the closure.
- Notify University Legal Services, the Long-term Care Ombudsman, the Consumer Action Network, and D.C. NAMI of the provider closing and of the schedule for consumer forums after receipt of formal information from the provider. Other providers also shall be notified.

V. ACTION STEPS TO BE TAKEN BY CLOSING MHRS PROVIDER

Formal Written Notice to DMH – The provider shall give DMH a formal written notice of its decision to stop providing MHRS services and supports as soon as possible after the decision is made. This notice should be provided to DMH in accordance with the requirements of the provider’s contract and applicable DC rules and regulations. It should include at minimum the date the decision was reached, description of the MHRS services that will be terminated, the date the facility will cease MHRS operations, and the reason for cessation of services. The letter should be addressed either to the Director of DMH or to the Director of Provider Relations.

MHRS Provider to Submit Written Plan for Cessation of Services– The provider shall submit to DMH a detailed plan specifying how the cessation of service will be accomplished with minimal impact to consumers. The Workgroup will monitor all aspects of the provider’s plan using the attached MHRS Closeout Work Plan template. The provider’s plan shall contain the following:

- A precise identification of all enrolled consumers (i.e., name, DOB, eCura number, enrollment date).

- How the provider will assist consumers in selection, enrollment, intake and transfer of records to a new MHRS provider/CSA.
- Assurance that the responsibility to maintain/monitor existing consumer housing is transferred to the new MHRS provider/CSA.
- Assurance that representative payee status is transferred or maintained by the new MHRS Provider/CSA.
- Identification of staff resources available to accomplish the transition of consumers.
- Implementation of any strategies to maintain and provide incentives to existing staff through the completion of the transition.
- Specification of the written notice of how consumers will be informed of the closing; implementation of a plan that will afford consumers with appropriate grief counseling and support as they move through the transition process.
- Description of strategies to identify high-risk (i.e., currently hospitalized, special medical issues, difficult to locate) consumers who need special attention to successfully transition to a new MHRS provider/CSA.

Weekly Forums – The provider will schedule and implement forums at least once weekly for all enrolled consumers and their families to discuss their fears, concerns and questions regarding the closure. DMH will ensure a staff presence at these forums from the Office of Accountability, Provider Relations, and the Office of Consumer and Family Affairs. This forum also will be used to introduce prospective MHRS providers/CSAs to consumers.

Notice of Closure to Consumers – The provider will ensure that all enrolled consumers receive a copy of the MHRS provider’s Notice to Cease MHRS services. This document should be prepared by the provider and reviewed by DMH prior to dissemination.

Disenrollment –The provider will identify all consumers for whom discharge/disenrollment is appropriate (i.e., no show for intake, inactive - not seen for service in the last 90 days) and immediately initiate the process outlined under DMH policies 525.1 or 525.2 to disenroll these consumers.

Transfer Process to New MHRS Provider/CSA– The provider is required to implement a process that will address the following items for all active consumers who will require transfer to a new CSA:

- Establish a face-to-face consultation between case manager and consumer to select a new core services agency assignment.
- The case manager and the consumer will contact the new core services agency and arrange a time to complete the intake process.
- The case manager will provide whatever assistance and/or support is necessary to get the consumer to the intake appointment.
- The case manager will conduct any residence inspections required by Shelter Plus Care and Home First Two for any consumer recently transferred but not yet connected with their new Core Services Agency.

- The case manager will get signed authorization from the consumer and will provide medical record packets to the new MHRS provider (CSA) for all consumers transferred. These packets will include at a minimum the following items:
 - Most recent diagnostic assessment.
 - Current Individual Recovery Plan (IRP)/Individual Plan of Care (IPC)
 - Last three months of progress notes from all disciplines.
 - Any documents specific to the consumer's benefits/housing.

Changing Representative Payee – The provider shall implement a plan that addresses the items below for all consumers for whom the closing MHRS provider/CSA serves as representative payee:

- Provide DMH with a list of these consumers by (set date).
- Develop and implement a plan, approved by DMH, for obtaining new representative payees or arranging for the person to become his/her own payee – including arrangements for the current MHRS provider/CSA to continue paying consumers' bills until the checks start going to the new representative payee. This plan must be submitted to DMH no later than (set date).

Weekly Update of Consumer Status Spreadsheet – The provider will provide the DMH Workgroup with an update at least once weekly of the following items on a spreadsheet with the following headings:

- Consumer name, DOB, eCura # and enrollment date.
- The consumer's case manager and contact information.
- Name of the new MHRS provider/CSA selected by the consumer.
- Status of the consumer (Active, Transferred, Disenrolled, Inactive).
- Date of Transfer/Disenrollment.
- Status of the transfer of representative payee responsibilities and name of new payee.
- Type of residential arrangement (CRF/Independent Living), Housing Program type (e.g., Shelter Plus Care) and status of the transfer of residential monitoring to new MHRS provider/CSA.

(See other specific required information on the MHRS Closeout Work Plan template.)

The spreadsheet should also include a statistical summary that includes the following: total # enrolled consumers, # transferred to new CSA, # disenrolled, # requiring change in representative payee status, # of consumers who will remain in current housing and # of consumers who will need new housing.

Access, Storage and Maintenance of Consumer Records – The provider will establish a protocol that describes where consumer records will be stored, for how long, the procedure to obtain records, and the contact person who will facilitate all record inquiries. The provider will give appropriate notice to consumers and advocates that specifies who is the point of contact for obtaining records and the process to be followed to obtain records.

Claims Processing The provider will work with the Office of Fiscal and Administrative Services to expedite the processing of warranted claims, exceptions and denials. DMH will set a final date by which the provider will rework all claims. DMH will obtain a release of future liability from the provider at the time the final check is issued to the provider.

Grant Audit Reports – The provider will submit to the DMH Office of Fiscal and Administrative Services a detailed audit of any grant funds awarded to the provider during the provider’s tenure as an MHRS provider.

Notification of MAA – DMH shall notify the Medical Assistance Administration of the closure of the MHRS provider to deactivate the Medicaid Provider ID at the end of the closeout period.