



PENINSULA RSN

NETWORK MANAGEMENT POLICIES AND PROCEDURES

Policy Name: NOTIFICATION OF NETWORK AGENCY
TERMINATION

Policy Number: 3.11

Reference: DSHS Contract, 42 CFR 438

Effective Date: 3/2006

Revision Date(s): 12/2008

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan

PURPOSE

The Peninsula Regional Support Network (PRSN) shall ensure timely and advance notice to Medicaid enrollees when a contracted network provider is terminated so continuity of care can be maintained.

DEFINITIONS

Community Mental Health Agency (CMHA) means a mental health agency that is subcontracted by the PRSN and licensed by the State of Washington to provide mental health services.

PROCEDURE

1. The PRSN will notify Medicaid enrollees when a network community mental health agency (CMHA) subcontract is terminated in accordance with all state, federal and MHD contract requirements.
2. The PRSN will send a written notice to all Medicaid enrollees receiving services from that CMHA within at least fifteen (15) days of notification of termination.
3. The PRSN notification to enrollees will be in writing and include the following:

- Name and location of the of the terminated network CMHA
 - Termination effective date
 - Alternate service providers and their locations
 - Steps that the PRSN will ensure to coordinate and transfer care to an alternative provider
 - Crisis line information
 - Contact numbers for assisting member with questions. At a minimum these will include the PRSN and the local Ombuds office
4. The PRSN will provide notification for the following systems within the required timeframes:
- The PRSN will immediately provide verbal and written notification to the Department of Social and Health Services (DSHS) notification of the termination status, at a minimum thirty (30) days prior to the termination date. The written notification will include the contingency/transition plan.
 - The PRSN will provide notification to the local Community Service Offices (CSO) located within the catchment area at least ten (10) days prior to the termination date.
 - The PRSN will provide notification to the allied service providers in the CMHA area at least ten (10) days prior to the termination date.
5. In addition to directly notifying the enrollee, the Department, Community Service Office, and the local allied systems the PRSN will conduct the following activities at least ten (10) days prior to the termination date:
- Post the notification on the PRSN webpage
 - Publish the notification in the local newspaper(s)
 - If available, provide notification on the local public access television channel
 - Verbally announced on local radio stations

MONITORING

The policy is mandated by statute and contract.

1. This policy will be monitored through the PRSN:
 - Annual PRSN Provider and Subcontractor Administrative Review
 - Monthly Ombuds Tracking Reports
 - Monthly Provider Clinical Chart Review
 - Quality Management Plan activities, such as review targeted issues for trends and recommendations

2. If the PRSN falls below any expected standards listed in the policy or during any of the reviews listed above, a Corrective Action will be required. Reference PRSN Corrective Action Plan policy.