



## PENINSULA RSN

### NETWORK MANAGEMENT POLICIES AND PROCEDURES

**Policy Name:** NOTIFICATION OF PRIMARY MENTAL HEALTH CARE PROVIDER TERMINATION      **Policy Number:** 3.12

**Reference:** DSHS Contract:

**Effective Date:** 9/2005

**Revision Date(s):** 12/2008

**Approved by:** PRSN Executive Board

#### CROSS REFERENCES

- Policy: Corrective Action Plan

#### PURPOSE

The PRSN shall ensure that network agencies provide notification to Medicaid clients when their primary mental health care provider is terminated and no longer employed within the agency.

#### DEFINITIONS

Mental Health Care Provider is defined as the individual with primary responsibility for implementing an individualized service plan for mental health rehabilitative services.

#### PROCEDURE

1. When a network agency terminates, or no longer employs a mental health care provider (MHCP), the PRSN requires the agency to use best efforts to notify clients assigned to the MHCP or who had received a service from the terminated MHCP in the previous sixty (60) days.
  - All clients requiring notification are authorized, currently opened for services, and assigned to the primary mental health care clinician.
2. The notification can be verbal or in writing, with documentation of the notification in the clients medical records at the agency.

3. The notification must occur within fifteen (15) working days of the termination of the MHCP.
4. The notification will include information about:
  - How services will be transitioned,
  - Identify the new MHCP contact person, and
  - Include a phone number and contact information for questions related to the transition.

## **MONITORING**

This policy is mandated by contract.

1. This policy will be monitored through the PRSN:
  - Annual PRSN Provider and Subcontractor Administrative Review
  - Monthly Provider Chart Review
  - Quality Management Plan activities, such as review targeted issues for trends and recommendations
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for approval. Reference PRSN Corrective Action Plan policy.