



<b>Policy: Agency Termination of Mental Health Services to Member</b>	<b>Effective: 10/1/2017</b>	<b>Policy #: 303</b>
Original Date: 10/1/2017	Prepared By: Utilization and Care Coordination Manager	Approved By: Executive Director
Revised Date: 04/8/2019	Prepared By: Clinical Supervisor	Approved By: Quality & Network Director

**Purpose:**

To ensure Member rights and access to care when providers discharge members from services.

**Policy:**

As a delegate of Willamette Valley Community Health CCO, BCN is responsible for ensuring access to appropriate services for a WVCH Member in need of continuing care when the provider terminates their treatment relationship with the Member. BCN’s providers will follow the termination of Member care expectations described in the WVCH provider manual in situations where the treating professional or clinic unilaterally decides to withdraw mental health care from a WVCH Member. In these situations, BCN will facilitate problem solving with the provider and arrange appropriate services. Agencies will notify and consult with BCN prior to terminating services for the Member.

**Definitions:**

**Termination of Service:** Means a unilateral decision by an agency or clinician contracted with BCN to terminate clinical services. This does not include situations in which services are ended due to Member choice, completion of treatment, or a pattern of no-shows.

**Procedures:**

When a BCN agency or clinician identifies a Member for whom they are considering terminating services under this policy, it is expected that the agency clinical supervisor has been consulted and supports the decision. If so, the following process shall be followed:

1. Agency notifies BCN Clinical Supervisor, in writing, before notifying Member of termination. Such notification shall include the reasons for the termination decision and recommended transition. Written notification includes secure email, fax, or certified letter.
  - a. BCN Clinical Supervisor shall designate a Behavioral Health Care Coordination staff to discuss situation and potential options with provider and/or member.
2. Termination process: Continuity of care must be assured to the best of the Provider’s ability.

- a. Terminating agency will notify BCN they intend to terminate services.
  - b. Terminating agency informs member, and then notifies BCN this has been done. In most cases, a 30-day notice to the Member is considered reasonable.
  - c. BCN contacts member in order to discuss their preferences regarding ongoing care. Based on this discussion, BCN will identify another provider who may be clinically appropriate, and send referral information to the new prospective provider.
3. The terminating agency will continue to be available during the transition for medically necessary treatment, within the scope of their practice, until the date of termination. BCN will coordinate with both the terminating agency and receiving agency to ensure transition in care proceeds smoothly.
4. If the basis for termination of a Member from the clinic is disruptive behavior or behavior which is dangerous to other Members and/or staff, the period may be shortened to as little as one (1) day. BCN will work with the provider and/or member to determine the transition timeline, considering safety, the severity of the Member's condition and the availability of other care in the community.
5. In the case where there is a secondary auth. to another agency, it is the responsibility of the terminating agency to communicate with the other agency providing care. This allows the other agency to update their auth. status in CIM. Additionally, it prompts a discussion about coordination of care for the member.