

DWIHN Contract Provider Close Out Plan

PURPOSE: This Plan is to be used when closing/moving a site location, a program, service, or terminating the contract with DWIHN.				
Provider Name (Vendor):		Vendor #:	PNM Name:	
Notice Date:	Closure Date:	Meeting Date:	# of Members:	Licensed Home: Y/N/NA
Specify site/program affected:				
Reason for closure/merger:				
Meeting attendees:				
Timeline Since Notification	ACTIVITIES	Target Date	Person(s) Responsible	Done (Yes/NA)
CONTRACT PROVIDER <u>and</u> DWIHN				
Within 24 Hours	An <u>emergency event</u> that a provider closure or a site location/program occurs due to health and safety, the provider will work with DWIHN who will immediately convene an I-Team meeting to identify the person(s) responsible to notify members and provide choices of comparable services.	XX-XX-XXXX		
CONTRACT PROVIDER				
30 calendar days in advanced prior to closure	Contract Provider CEO will submit a written termination notice addressed to DWIHN CEO <u>and</u> the Provider Network Manager (PNM) specifying the termination date, name and address of the service site location / program. <u>Must also submit</u> (available on DWIHN Website): <ul style="list-style-type: none"> Provider Information Change Form (Smartsheet) Member Demographic Spreadsheet for Contract Provider Close Out Plan <i>*One form per home, program, or service site location</i>			
Within 24 hours	Provider will review their DWIHN contract to ensure compliance expectations. The provider <u>MUST</u> send a 30-Day Termination Notice to each member and their guardian (if applicable) to offer choices of comparable services.			
Within 48 hours	Provider will notify the PNM a lead contact person and any transition team members if applicable. <i>*Person's name, title, and contact information.</i>			
Within 5 calendar days	Provider will send to the PNM dated evidence of each member's 30-Day Termination Notice that offers choices of comparable services.			
Within 7 calendar days	Outpatient Clinical Providers will close any open appointment slots in the Access Calendar beyond the closure date.			
Within 10 calendar days	CRSP provider will addend the IPOS to reflect the change in service authorization, termination date, and document the transition of care plan.			
Within 10 calendar days	The contract Provider will complete and give a 10 Day Advance Benefit Determination Notice to each member (located in MHWIN). Contact Customer Service for assistance. <i>*Not required if a member is remaining with the same provider and services but only changing locations.</i>			
Additional Comments				

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MCO PROVIDER NETWORK MANAGER				
Within 24 hours	Review the provider termination notice and submitted requested documents: <ul style="list-style-type: none">Provider Information Change Form (Smartsheet)Member Demographic Spreadsheet for Contract Provider Close Out Plan <i>*One form per home, program, or service site location</i>			
Within 24 hours	PNM will send an acknowledgment email to the Provider and Cc dwihncloseoutplanteam regarding the closure <u>and</u> request the provider to send any missing documents listed above or resubmission of documents needing revision within 24 hours.			
Within 48 hours	Send an email notification to dwihncloseoutplanteam that includes: <ul style="list-style-type: none">Provider Termination Notice (email/letter)Member Demographic Spreadsheet for Contract Provider Close Out PlanAny other documents obtained related the Close Out Plan			
Within 48 hours	Identify close Out plan team members to participate and send an invite <u>ONLY</u> to those members identified to the close out plan meeting. (Do not use dwihncloseoutplanteam email group).			
Within 48 hours	<ul style="list-style-type: none">Enter Close Out Plan information in the Terminated/Merger/Closure Log SmartsheetIn the Close out Plan In-Progress folder create a provider folder for the Close Out Plan and collected/related documents.			
Within 48 hours	Create <i>Provider Close Out Plan IT Data Report</i> to include: member ID# and name, MI Health Link status, Active Authorizations, Served in Last 90 Days, Last Service Date w/in 90 days, address, CRSP, SC Provider, SC Staff, and guardian name and address. PNM will send the IT Data Report to Quality Improvement, Residential, <u>and</u> MI Health Link Administrative Manager in IHC.			
Within 7 calendar days	Facilitate Close Out Plan meeting to review closure details, obtain team member input, problem solve any concerns, and <u>enter target dates on COP</u> . <i>*If there is abandoned property assets/PHI files to be removed and secured, Provider must submit a master list of the contents of each box, box assets/files with lids , label each box, and arrange box(s) drop off at DWIHN with PNM present.</i>			
Within 7 calendar days	Use the Provider Information Change Form (Smartsheet) to complete the Provider Request Form (Smartsheet) and attach the Deactivating Contract Sites Form and Provider Notification Letter. Provider Network Support Specialists will enter fee schedule exp. date, vendor record note, schedule vendor/site deactivation. <i>*MHWIN auto updates the provider directory based on closure date.</i>			
Within 7 calendar days	MCO Director/Senior PNM will notify the state of Michigan of any closures.			

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Within 14 calendar days	Follow up with the COP team and the provider to ensure all activities are being executed: the provider has assisted members in choosing a provider of comparable services and the CRSP addends the IPOS as applicable.			
Within 30 calendar days	Send a copy of the Provider's Termination Notice to the Member(s) <u>and</u> any evidence the provider assisted members in choosing a comparable service provider to Customer Service.			
Within 30 Calendar days	Update the State of Michigan BH CRM via MiLogin for Business.			
Within 90 calendar days	Director to ensure Provider Newsletter contains information on closures except unlicensed homes.			
Within 90 calendar days	<ul style="list-style-type: none"> Complete the Close Out Plan and update the Terminated Contract Log Close Out Plan Folder holds at least: Provider Notification Letter, Provider Info Change Form, Member Demographic Spreadsheet, IT Report, & Provider's 30-Day Notice to Members. Move the provider folder to the Close Out Plans-Completed folder. 			
After 90 calendar days	If the provider is closing their business and all sites, the Provider Support Specialist will notify the Financial Systems Administrator to inactive the record in Dynamics GP 90 days after closure date.			
Additional Comments				
CLAIMS				
Within 60 calendar days	Determine the final date for claims submission and inform provider.			
Additional Comments				
FINANCE				
Within 7 calendar days	Determine if there are any outstanding balances owed to DWIHN (i.e. Advances, Payroll audit, CAP, etc.), then facilitate collections.			
Within 7 calendar days	If the provider is funded by grant dollars, then coordinate with MDHHS on the transfer of such funding to another provider. This will be handled in conjunction with the program manager.			
After 90 calendar days	If the provider is closing their business and all associated sites, inactivate the record in Dynamics GP 90 days after provider close date.			
Additional Comments				

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QUALITY IMPROVEMENT				
Within 60 calendar days	Performance Monitoring staff will review a sample of the clinical case records to ensure: <ul style="list-style-type: none"> No disruption in services. Review the IPOS, authorizations, claims, and if indicated the adverse determination for a possible discontinuation of services. 			
Within 30 calendar days	Performance Monitoring Administrator will notify MDHHS of providers terminating services that require pre-approval are addressed according to the Medicaid Provider Manual: <ul style="list-style-type: none"> Assertive Community Treatment Programs Clubhouse/Psychosocial Rehabilitation Programs Intensive Crisis Stabilization Home Based Services Crisis Residential Programs Drop-in Programs Wraparound & Children's Therapeutic Foster Care 			
Additional Comments				
OFFICE OF RECIPIENT RIGHTS				
Within 14 calendar days	Review all open investigations to: <ul style="list-style-type: none"> Identify all investigations involving the Provider as the respondent and prioritize accordingly (i.e. determine pending statuses, cases that can be expedited, involve criminal acts, etc.) Contact MDHHS ORR for approval to implement Administrative Closure for any cases that DWIHN ORR has determined cannot be resolved as a result of the provider closure. Consult with other DWIHN Units, providing guidance and any assistance necessary regarding rights related matters and concerns. 			
Within 14 calendar days	Identify the RR compliance status for the receiving (new) Provider based on the last 2 years of RR data (i.e. monitoring, training, investigations). Address any areas of non-compliance.			
Additional Comments				
COMMUNICATIONS				
Within 30 calendar days	Remove the provider from distribution lists - if applicable.			

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CUSTOMER SERVICE				
Within 48 hours	<ul style="list-style-type: none">Facilitate a DWIHN notification letter to members upon receipt of the Provider Notification Letter, Provider letter to the Member Notification Letter (If applicable) <u>and</u> Member Demographic Spreadsheet for Contract Provider Close Out Plan from the PNMDraft a letter based on choice opportunities specifics provided by the PNM / Contract Manager.			
Within 5 calendar days	Complete the letter preparation and mail via USPS for closures impacting 1,000 members or less.			
Within 24 hours	Closures impacting 1,001 members or more, the list will be sent to the printing vendor for mailing. <ul style="list-style-type: none">Within 48 hours the printing vendor will provide an invoice to DWIHN Customer Service for approval and submission to the Finance Department for payment.Within 5 business days, the printing vendor will complete mail preparation and mail via USPS.			
Additional Comments				
RESIDENTIAL				
Within 48 hours	Residential Care Coordinator completes the following to initiate consumer relocation: <ul style="list-style-type: none">Identifies DWIHN Consumers in closing facility.Send CRSP Email notification requesting documentation & guardian information (if applicable)			
Within 72 hours	Residential Care Coordinator continues in the consumer relocation process: <ul style="list-style-type: none">Contact Guardian(s) to verify placement preference.Uploads received CRSP documentation to respective MHWIN charts.Review vacancy report for current availability to identify appropriate placement			
Within 30 calendar days	<ul style="list-style-type: none">Residential Care Coordinator will coordinate scheduling of consumer relocation date to new residential provider with CRSP, Consumer/Guardian, and current / accepting providers.Offer opportunity for Guardian/Consumer to interview or visit suggested facility			
Within 72 hours upon placement confirmation	Upon new placement confirmation(s), the Residential Care Coordinator will confirm: <ul style="list-style-type: none">Internal request is emailed Authorizations Team; end-dating current authorization to realign case and enter new authorization.New residential provider receives consumer documentation needed for new placement, with SSA-3471 & DHS-3803Emails final placement notification to CRSP (cc: PNM)			
Additional Comments				

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MI HEALTH LINK (only for MHL billable codes)				
Within 24 hours	Communicate with ICOs about the closure plan that ensures the Medicare Medicaid Eligible Enrollee will not be harmed and that they will be notified of the new contract provider.			
Within 48 hours	Review the Close Out Plan IT Data Report to: <ul style="list-style-type: none"> Identify the MHL enrollees Identify the percentage of MHL enrollees who have had a Level I Referral Identify the CRSP assigned to MHL enrollees Identify the MHL enrollees that do not have a CRSP identified Identify MHL enrollees who have residential or staffing agent services. 			
Within 14 calendar days	Ensure transition of consumers to another contract provider of their choice.			
Additional Comments				
ADDITIONAL ACTIVITIES IDENTIFIED				
Enter Text				
MERGER ACTIVITIES				
Within 7 calendar days	If there are SUD contracts that will be included in the merger: <ul style="list-style-type: none"> Provider will email a list of the SUD location(s) to the PNM. PNM will include SUD information on the Provider Request Form and process. Provider will email a list of staff names to the PNM <u>and</u> MHWIN@dwihn.org. 			
Within 7 calendar days	If there are ACT Teams that will be included in the merger: <ul style="list-style-type: none"> Provider will email a list of program(s) and location(s) to the PNM <u>and</u> MHWIN@dwihn.org. IT will add the ACT Team program(s) in MHWIN at the identified location(s). 			
Within 7 calendar days	PNM to set up bi-weekly meetings with representatives from both providers, DWIHN staff, and receiving PNM. Receiving PNM must email their provider the link to add new service sites/services to be credentialed.			
Within 7 calendar days	Provider will email merger documents to the PNM: AG Approval Letter, Michigan Department of Licensing & Regulatory Affairs Merger Certificate, Purchase Agreement and/or Letter of Intent.			
Within 7 calendar days	PNM will send the documents to Legal review and follow their recommendations.			
Within 14 calendar days	Once IT sends notice that the calendar ID is completed, PNM will send email notification to ACCESS Call Center and the Provider so they can set up future appointments after the merge date.			
Day after merger	Manager Clinical Practice Improvement (ACT Teams) will move members to the identified and approved new ACT program(s) / location(s).			
Additional Comments				

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INFORMATION TECHNOLOGY (<u>Merger Related Only</u>)				
Within 7 calendar days	<u>Mental Health Provider Staff IDs:</u> <ul style="list-style-type: none">• Provider will give a list of staff names <u>and</u> their new email address format that require access to merging providers (i.e.: firstinitial.lastname@email.com).• IT will create staff IDs in MHWIN to access the new merging provider.• Provider will give a list of staff that will need access beyond the 60 day termination date for processing claims. IT will expire access to accounts not exceeding 60 days.			
Within 7 calendar days	<u>SUD Provider Staff IDs:</u> <ul style="list-style-type: none">• Provider will give a list of staff names <u>and</u> their new email address format that require access to merging providers (i.e.: firstinitial.lastname@email.com).• IT will create staff IDs in MHWIN to access the new merging provider.• Provider will give a list of staff that will need access beyond the 60 day termination date for processing claims. IT will expire access to accounts not exceeding 60 days.			
Within 14 calendar days	<u>MHWIN / Calendar(s) Locations:</u> <ul style="list-style-type: none">• IT will Identify the locations that will remain open, transfer to the new provider and the locations that will be terminated permanently.• Once MHWIN is updated, IT will create the calendar ID <u>and</u> email PNM it is completed.			
Within 14 calendar days	If ACT Teams have active current programs that will be included in the merger, IT will ensure the ACT Team program is added in MHWIN at the identified and approved location (s).			
Additional Comments				
ADDITONAL MEETING NOTES				