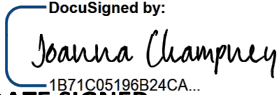


POLICY AND PROCEDURE

<u>POLICY TITLE:</u> DSAMH PCWFD Program Closure Policy	<u>POLICY #:</u> DSAMH030
<u>PREPARED BY:</u>	<u>DATE ISSUED:</u> 03/14/2022
<u>RELATED POLICIES:</u>	<u>REFERENCE:</u> Delaware Regulations: Administrative Code: Title 16: Department of Health and Social Services: Division of Substance Abuse and Mental Health 6001 Substance Abuse Facility Licensing Standards Section 4.10.5 & 4.10.6
<u>DATES REVIEWED:</u> 03/14/2022 06/01/2023 1/30/2024	<u>DATES REVISED:</u> 03/14/2022 01/11/2023 01/10/2024
<u>APPROVED BY:</u>  <u>DATE SIGNED:</u> 4/8/2024 9:34 AM PDT	<u>NOTES:</u> <input type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

- I. **PURPOSE:** The purpose of this policy is to detail and clarify the steps for DSAMH and providers to take following the notification of a program closure.
- II. **POLICY STATEMENT:** DSAMH requires any licensed facility to notify the Division promptly, following decision of a voluntary program closure. CBHSD and the Provider Enrollment team through PCWFD shall have close communication with the provider to ensure a proper program closure and transition of care for clients.
- III. **DEFINITIONS:**

"CBHSD" means the Bureau of Community Behavioral Health and Social Determinants.

"DTRN" means the Delaware Treatment and Referral Network.

"PCWFD" means the Bureau of Policy, Compliance, and Workforce Development.
- IV. **SCOPE:** This policy applies to all licensed and certified program closures and the steps DSAMH and closing programs shall take.

V. **PROCEDURES/RESPONSIBILITIES:**

A. Provider Responsibilities:

1. The provider shall notify DSAMH, in writing, sixty (60) days prior to a voluntary closure of any program it is operating. The notice shall detail how the licensee will comply with §8.1.4;
2. The provider shall provide written notice to clients no less than thirty (30) days prior to closure and shall make reasonable efforts to place clients in appropriate programs in compliance with §8.1.3;
3. The provider shall contact DSAMH Provider Enrollment Team or PCWFD Supervisor to plan and schedule an informal pre-meeting, which shall be used to discuss the steps and requirements for program closure with CBHSD and PCWFD;
4. The provider shall submit a formal letter via e-mail and registered mail to PCWFD Bureau Chief;
5. There shall be regularly scheduled meetings with CBHSD Bureau and the provider focusing on the transition of care for every client;
6. The provider shall:
 - a. Develop a transfer plan, including timeframes for referring and transitioning clients to a new provider;
 - b. Develop a timeline for submission of discharge Consumer Reporting Forms on all clients;
 - c. Develop and implement an archival plan to ensure clinical records are maintained;
 - d. Provide notification to staff prior to program closure;
 - e. Ensure that all contractual obligations to DSAMH are met;
 - f. Implement a community notification plan;
 - g. Update DTRN;
 - h. Notify Delaware Medical Assistance Portal;
 - i. Return the physical license and/or certification to Provider Enrollment.

B. DSAMH Responsibilities:

1. QA Administrator or Deputy Bureau Chief shall follow up with the provider to ensure that the provider will return the license/certification.
2. After obtaining the license and/or certification, Provider Enrollment shall:
 - a. Remove provider information from DSAMH provider directory;
 - b. Remove provider information from DSAMH site review;
 - c. Upload and save a copy of the returned license with the date received;
 - d. Move active program's license/certification folder to the closed programs folder.

C. Following the closure of a program:

1. If a license and/or certification is revoked or suspended by DSAMH for cause, an organization must wait one (1) year before reapplying to provide services.
2. If a license and/or certification is voluntarily returned by the organization, the organization must wait six (6) months before reapplying to restart the program
3. The organization shall reapply via Provider Enrollment.
 - a. DSAMH must conduct a site review before restoring services.
 - b. The organization must, during the provider enrollment process, document that any identified issues are remediated.

D. Bureau Chief or Designee Responsibilities:

1. Upon notice of intended closure of a program, the Bureau Chief or Deputy Chief of Policy and Compliance shall notify the appropriate representatives of DSAMH executive management

and each relevant Bureau of the program closure.

VI. **POLICY LIFESPAN**: Annual review and update as required dependent on state licensure standards or Medicaid Certification changes.

VII. **RESOURCES**: N/A