


POLICY AND PROCEDURE

<u>POLICY TITLE:</u> DSAMH Policy and Compliance 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 04/14/2024 01/30/2025	<u>DATES REVISED:</u> 01/11/2023 01/14/2024 01/15/2025
<u>APPROVED BY:</u>  <u>DATE APPROVED:</u> 7/9/2025 6:52 AM PDT	<u>NOTES:</u> <input checked="" type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input checked="" 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 and/or certified 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.

"Policy and Compliance" means the DSAMH Unit of Policy and Compliance within the Office of the Director.
- IV. **SCOPE:** This policy applies to all program closures and the steps DSAMH shall take.

V. PROCEDURES/RESPONSIBILITIES:

A. Provider Responsibilities:

1. The provider shall notify DSAMH, in writing, sixty (60) calendar 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) calendar 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 Policy and Compliance 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 Policy and Compliance;
4. The provider shall submit a formal letter via e-mail and registered mail to Policy and Compliance 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 Chief shall follow up with the provider to ensure that the provider will return the license/certification, if applicable.
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 re apply 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. Policy and Compliance Unit Chief or Designee Responsibilities:

1. Upon notice of intended closure of a program, the Unit Chief or Deputy Unit 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