

<p>PROCESS</p> <p>Southeastern Regional Mental Health, Developmental Disabilities, and Substance Abuse Services</p>	<p>SECTION: Customer Services</p> <p>Page 2 of 4</p>
<p>TITLE: Discharges and Terminations of Enhanced Benefit Services</p> <p>EFFECTIVE DATE: 01.27.06 <input checked="" type="checkbox"/> New <input type="checkbox"/></p>	<p>Area Director Approval/Date:</p>

1. documents all efforts (through service notes, correspondence, etc) to contact consumer regarding their services
2. document planned change in a service note and file in your record.
3. document staffing with clinical team and psychiatrist.

This information shall be maintained in Provider record and does not have to be submitted to the LME; however maybe reviewed during routine monitoring to ensure that discharges are conducted appropriately.

The clinician shall fax the following to Utilization Review within 24 hours following the recommendation to terminate:

1. Termination Request form notifying UM of plans to terminate a consumer's services. Termination request form must be complete with funding source and other requested information so as not to hinder appeal process.
2. Proper notification cannot be processed without the needed information.

NOTE: This termination request form maybe used for termination for specific services as well as complete discharge.

Upon receipt of above information, Utilization Review will date stamp and enter on tracking form (log). Documentation will be reviewed to determined if discharge is clinically appropriate consistent with Medicaid regulations; and in accordance with Person Centered Plan. After review, Utilization Review staff will immediately forward termination request form to Customer Services, indicating agreement/disagreement with planned discharge.

Upon receipt (from Utilization Review), Customer Services staff will date stamp and enter on tracking form (log). Customer Services Division shall send notification to consumer regarding his/her planned termination or denial recommended by Utilization Review and Provider.

- A. Customer Services Representative (CSR) shall complete:
1. Medicaid appeal (notification letter) - Denial or Reduction/Suspension/Termination
 2. Hearing Request Form

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3. Non-Medicaid Notification Letter

These forms will be mailed to consumer and/or their legally responsible person at least 10 workdays before the date a current service is to be terminated. A copy of notification letter will be forwarded to provider requesting termination.

Customer Services shall contact Utilization Review to confirm that Medicaid Appeal letter has been mail and estimated date of termination of services pending response from consumer and/or legal representative.

On the 11th day, if no request for hearing form has been received, the Customer Services Division will complete the discharge form indicating “no appeal” and notify Utilization Management the next business day via telephone call to complete the end date on SARF and notify provider via Carelink.

Upon receipt of SARF, Provider completes discharge summary and termination data on “demographic form. The primary provider is responsible for notifying any other providers of the discharge decision. Provider shall submit a copy of discharge summary to Utilization Review and to Customer Services. Demographic form shall be completed and forwarded to Quality Management Division.

In the event DMH/DD/SAS receives a “request for hearing form”, the division shall notify the Customer Services in writing and inform that a Medicaid appeal has been filed. Utilization Review will be notified immediately that a request for hearing form has been received to change end date (if needed) to ensure services continue through the appeal process. If consumer and/or legally responsible person have requested a local review, the letter will indicate that a local review will need to be scheduled no later than 14 working days from the date of the letter. The Medicaid Appeal Coordinator will contact consumer and/or legally responsible person and schedule hearing as indicated.

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NOTE: Utilization Management and Customer Services shall maintain an internal tracking log of all acknowledgments of terminations/denials of services. The tracking system shall include, but not limited to, name of the consumer, date request for termination received, date of approval/denial of the activity, and the name of Utilization Manager assigned to case.

1. **For Questions and Concerns, feel free to contact the following:**
 - A. Contact for provider questions and concerns: Provider Relations (910-671-6366).
 - B. Contact for Appeal questions and concerns. Customer Services (910) 671-6368
 - C. Contact for computer technical assistance: Wanda Green (910-671-6336).

2. **Contact for UR coordination or management of UR approval process: Use the last name of the consumer to identify the UM Specialist at 910-738-6466:**
 - Leslie Epps (A-E)**
 - Juanita Morant (F-J)**
 - Sandra Morgan (K-O)**
 - Marie Britt (P-T)**
 - Cheryl Thomas (U-Z)**