

DBH CONTRACT PROVIDER CLOSURE CHECKLIST

Program Manager who oversees the contract for the provider shall assemble and chair Task Force with the following DBH Programs:

- | | | |
|---|---|--|
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Contracts | <input type="checkbox"/> Quality Management |
| <input type="checkbox"/> Fiscal Services | <input type="checkbox"/> Auditing | <input type="checkbox"/> Business Office |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Facilities & Projects Management | <input type="checkbox"/> Research and Evaluation |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Access Unit | <input type="checkbox"/> Patients' Rights Office |
| <input type="checkbox"/> Office of Compliance | <input type="checkbox"/> Public Information Office | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Office Cultural Competence & Ethnic Services | | <input type="checkbox"/> _____ |

Notification from Contract Provider received on _____

Date of Closure scheduled on _____

Pre-Closure Actions (To be completed as early as possible)

Program Assigned	Action Completed	Required Action
_____	<input type="checkbox"/>	Received draft of closure notification to clients on _____
_____	<input type="checkbox"/>	Requested contract provider caseload for open and closed charts from IT or R&E
_____	<input type="checkbox"/>	Identified possible alternate services for clients: _____ _____
_____	<input type="checkbox"/>	Letter approved by Task Force on _____
_____	<input type="checkbox"/>	Letter sent to DBH Director/designee for approval on _____
_____	<input type="checkbox"/>	Letter sent back to contract provider to send/post on _____
_____	<input type="checkbox"/>	Notice must be sent to client by _____ (no later than 15 days after advised of closure)
_____	<input type="checkbox"/>	Wrote notification to CEO on behalf of Director on _____
_____	<input type="checkbox"/>	CEO letter sent to DBH Director/designee for approval on _____
_____	<input type="checkbox"/>	CEO notification letter sent on _____
_____	<input type="checkbox"/>	Information letter sent to DHCS re closure on _____
_____	<input type="checkbox"/>	If community partners need to be notified, identify who: _____ _____ _____
_____	<input type="checkbox"/>	Contacted contract provider on _____ re last date to enter in services
_____	<input type="checkbox"/>	Obtained inventory of DBH funded property on _____
Auditing	<input type="checkbox"/>	Contacted contract provide on _____ to request fiscal info and schedule final audit on _____
Auditing	<input type="checkbox"/>	Determined any overpayment and reported to Fiscal on _____
Fiscal	<input type="checkbox"/>	Worked with contract provider re repayment/offset for any outstanding balances on _____
Medical Records	<input type="checkbox"/>	Contacted contract provider on _____ advising on instructions to send medical records and coordinated date for DBH to receive records on _____
Facilities Mgmt	<input type="checkbox"/>	Coordinated move of all county property to occur on _____, if applicable
Information Tech.	<input type="checkbox"/>	Coordinated date to receive hard drives for destruction/sanitizing on _____

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- Compliance Issued letter to contract provider of required next steps for closure on _____
Quality Mgmt Mental Health Medi-Cal Contract only: Completed and Provided Medi-Cal
transmittal form to DBH Fiscal Services on _____

Task Force to verify contract provider has completed the following actions:

- Obtained caseload report of all open/closed cases in order to send letters
- Mailed notification letter (approved by Deputy Director) to all current clients
- Ceased acceptance of new clients and refer to DBH Access Unit for proper referral
- Posted closure notice in conspicuous place for public observation
- Obtained Client Authorization to Release PHI for those clients transferring services
- Copied and sent (copy only) client medical record to receiving provider for those clients who signed the Client Authorization to Release PHI
- Properly closed files for those clients who have had no contact in past 60 days
- Provided report, if applicable, of all client medical records that are defaced, destroyed, or unavailable (due within 30 days of announced closure): received on _____
- ADS Contract only:* Provided written notification to DHCS 60 days in advance of licensure status

Post-Closure Actions

Contract Provider

- Provide a complete and correct annual standard State of California Cost Report (within 45 days for ADS and within 75 days for Mental Health)
- Deactivate National Provider Identifier (NPI) in accordance with 45 CFR 162.408
- Deactivate Medicare certification, if applicable
- Box, index, and deliver all county-funded client medical records to DBH Medical Records
- Make any data, reports, financial records available as requested from DBH within seven (7) calendar days after closure
- ADS only:* Submit reimbursement claims within 30 calendar days for all pre-closure services rendered
- Remit balances due to DBH within 30 calendar days of the closure date

DBH Public Information Officer

- Update Directory of Services
- E-mail blast to DBH and other County departments, if applicable

Information Technology

- Discontinue BHMIS access of all clinical users effective last date of business
Authorized data entry users will retain BHMIS access for an additional 60 days
- Terminate access of virtual private network (VPN) equipment
- Monitor transmission of Medi-Cal services to ensure services rendered are not beyond the closure date
- Provide and re-direct reports for review purposes
- Sanitize/destroy any computer equipment in contract provider's possession
- Terminate data entry access for all contract provider workforce at the end of 60 days

Fiscal Office

- Receive a complete and correct annual standard State Cost Report
- Discontinue Medi-Cal/Drug Medi-Cal provider number in Information Technology Web Services (ITWS)
- Complete preliminary cost settlement audit upon receipt of State of California Cost Report from the contract provider

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- Forward Medi-Cal Transmittal to appropriate DHCS Administrative Unit

Auditing

- Perform fiscal audit in accordance with the DBH contract
- Report any overpayments not repaid by contract provider to Compliance

Medical Records

- Assume custody of contract provider's medical records within seven (7) days after closure
- Provide contract provider clients with copies of their medical records when requested

Compliance

- Report Contract Provider and all qualified professional personnel of the contract provider to the applicable licensing/certifying board(s) if records are not located, have been destroyed prior to the required retention timeframe or if not relinquished to DBH, in consultation with County Counsel and Executive Management
- Send referral to County Collections for any outstanding balances owed by contract provider

Quality Management

- For MH contract providers:* Maintain complete file to include all forms/correspondence for review/audit purposes

ADS Administration

- For ADS contract providers:* Maintain complete file to include all forms/correspondence for review/audit purposes