



**HURON BEHAVIORAL HEALTH
OPERATIONAL POLICY**

Policy #: SD.1.02
Issue Date: 08/10/01
Rev. Date: 03/23/16
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Title: Termination of Services Policy

Prepared By: Clinical Director

NOTE: This Document Copy is Uncontrolled and Valid on this date only: March 30, 2016. For Controlled copy, view shared directory I:\ drive

Purpose:

To define the process for termination of behavioral health services to consumers.

Scope:

This policy applies to all employees (including full-time employees, part-time employees, contractual providers, volunteers, students, and/or interns) of Huron Behavioral Health (HBH) and all consumers served by HBH.

Information:

N/A

Policy:

1. The HBH Primary Worker begins the orderly process of jointly planning for termination of services with the consumer and/or family at the beginning of services, and involves the consumer, parent/guardian, and others, as appropriate.
2. Termination of services typically occurs in the following circumstances. When the consumer/family:
 - a. Has achieved the goals and objectives in their Person-Centered Plan (PCP);
 - b. Has determined the goals and objectives are no longer relevant;
 - c. No longer want HBH services;
 - d. No longer meets the eligibility criteria;
 - e. Refuses to meet the program standards or requirements;
 - f. Has needs for other resources (appropriate referrals must be made prior to termination); or
 - g. Is court-involved and the court has approved or directed termination of services
3. If a consumer is not responding to treatment, or is showing non-compliance to treatment, the primary worker will make outreach attempts via telephone contact or a letter to try to re-engage the consumer in treatment before services are terminated. Clinical Staff will make multiple attempts to engage the non-compliant and/or non-responding consumer.
4. If case closure is being considered for the individual's whose benefits have ended, prior to closing the case, the Primary Worker will work with the consumer to investigate and/or exhaust all possible financial resources (i.e. Department of Human Services/ DHS, third-party insurance, etc.). All efforts will be made to continue providing services to the consumer when medical necessity is apparent or the worker will assist with appropriate referrals.
5. A "Discharge Summary" in the Electronic Medical Record (EMR) is to be completed with the consumer in advance of termination to ensure that an orderly termination process occurs. Ideally, this will be completed prior to the last planned contact and includes follow-up/aftercare planning (see "[Aftercare Plan and Follow-Up Policy](#)" [SD.1.06](#)).
6. If the consumer has dropped out of treatment or the case is being closed for another reason (e.g. unanticipated move from the area, death, etc.), a Discharge Summary is to be completed in accordance with the "[HBH Appeals and Grievance Procedure](#)" [RR.2.36](#).
7. When it is determined that a covered service is to be terminated, the consumer shall be given the appropriate Notice (in the Electronic Medical Record/EMR system) per the table below:

Action	Time frame for Notice
Termination of Services	Send an ADVANCE NOTICE 12 calendar days BEFORE the action occurs
Consumer is deceased, cannot be reached, has relocated out of county or to another PIHP, admitted to institution where ineligible for further services, or consumer clearly states (in writing) that they wish services to be terminated/reduced	Send an ADEQUATE NOTICE At the time of the decision

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8. If a consumer is involuntarily discharged from services, they must be given a written reason within twelve (12) working days of the date the services were terminated (see above chart). The HBH primary worker will make every effort to ensure the consumer is linked to appropriate services for additional care and/or follow-up.
9. If the individual/family has been asked to leave the program, HBH makes every effort to provide them with referrals and information to locate other appropriate services (see "[Transfer and Referral Policy](#)" SD.1.08 and "[Referrals to Other Agencies Form](#)" 90-453).
10. The Discharge Summary must include:
 - a. recommendation(s) for any needed future services;
 - b. specific plans for obtaining those services; and
 - c. assignment of aftercare responsibilities (including consumer tasks and assignments to maintain progress) as indicated in the individual's PCP.
11. If other agencies have been involved in collaboration of services or otherwise shared responsibility of the case (individual or family), the Primary Worker must notify these agencies upon termination of services (when the appropriate releases have been obtained).
12. If the case closing involves services to an Indian child, the tribal government will be informed/involved.
13. A "Coordination of Care" Form (in EMR) should be completed and forwarded to the Primary Physician indicating services have been terminated (see "[Coordination Of Care Policy](#)" SD.1.26 and "[Coordination of Care Procedure](#)" SD.2.12).

Definitions/Acronyms:

COA – Council on Accreditation

DHS – Department of Human Services (formerly Family Independence Agency/FIA)

EMR – Electronic Medical Record

HBH – Huron Behavioral Health

PCP – Person Centered Plan

Forms:

Discharge Summary Form (in EMR)

Coordination of Care Form (in EMR)

[90-453 Referrals to Other Agencies Form](#)

Records:

Records of terminations/closed cases are retained in the consumer's case record in accordance with the [HBH Record Retention and Storage Policy \(QI.1.23\)](#).

Reference(s) and/or Legal Authority

COA standards

[CSM.2.07 Closing from HBH Services Procedure](#)

[QI.1.23 HBH Record Retention and Storage Policy](#)

[RR.2.36 Appeals and Grievance Procedure](#)

[SD.1.08 Transfer and Referrals Policy](#)

[SD.1.26 Coordination of Care Policy](#)

[SD.2.12 Coordination of Care Procedure](#)

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Change Letter	Date of Change(s)	Changes
None		Old policy brought into new Controlled Documentation format with minimal content changes.
A	01/07/05	Added #3 in "Procedure" section
B	09/17/07	Revised to include new regional form (90-1001) removed old HBH form (90-038), added "EMR" in "Acronym" section and "Records" section, added #3 and the last sentence in #4 in "Policy" section., added reference to CSM.2.07, added hyperlinks, changed "FIA" to "DHS".
C	01/27/09	Reviewed and revised to comply with COA 8 th Edition Standards and present practices – removed COA chapter-specific reference (G9), removed 5 th bullet in "Information" section (Wrap Around Services), added "and would include..." to #5, added #10 removed HBH form 90-038 (Closing & Aftercare Summary Form) and replaced it with 90-1001 (Transfer/Program Change/Discharge Form)throughout policy, in #7: changed "5 days" to "12 days" to comply with DCH requirements, change MH.3.01 to SD.2.05 as this instruction was obsoleted and information made into an agency procedure.
D	03/19/13	Reviewed and revised to comply with 8 th edition COA standards – in #12 changed "Title X" to "Medication Clinic Only Consumers", in "Records" section removed "Gallery", in "Information" section removed 1 st bullet ("Substance Abuse Program"), changed SD.2.05 "Coordination of Care Procedure" to "MH.3.01 Coordination of Care Instruction" (2 places).
E	03/23/16	Removed form numbers (6 places), added references to SD.1.06 (2 places) SD.1.26 (2 places) & SD.2.12 (2 places), in "Acronym" section removed "ACT", modified table in #7 to remove all actions not related to termination/closing, removed #14 which referenced 90-199 which was never implemented, in "Forms" section removed "90-199", made numerous grammatical/spelling corrections/changes throughout document without changing sentence content, corrected hyperlinks.