



HURON BEHAVIORAL HEALTH  
**PROCEDURE**

Procedure #: **CSM.2.07**  
Issue Date: **05/26/04**  
Rev. Date: **01/31/17**  
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**Title: Closing From Huron Behavioral Health Services Procedure**

Prepared By: **Clinical Director**

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**Purpose:**

To define the process for discontinuing services and closing active consumers from services.

**Scope:**

This procedure 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:**

The Treatment Team generally consists of the following HBH employees (as applicable):

- Primary Worker
- Supervisor
- Registered Nurse
- Treating Psychiatrist
- Additional Services Staff (e.g. Supported Employment, Community Living Supports)

**Procedure:**

**A. Clinical Case Closings:**

1. The treatment team will make the recommendation for a consumer to be closed from HBH services based upon the consumer:
  - Achieving the desired outcome
  - Discontinuing services without notice
  - Discontinuing services with notice
  - Being referred to another provider
  - Other circumstances (to be defined by the circumstances of the case and the involved worker)
2. As appropriate and whenever possible, the primary worker will involve the consumer (or parent/guardian) in discussions about case closings prior to the closing.
3. This will be reviewed and discussed with the treating physician who will make a determination based upon the information, history, and presenting documentation as to closure from services. If a consumer is found to be unresponsive 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 closing the case and will document such efforts in the case record.
4. If the physician agrees with the treatment team to close the individual's case, the primary worker will complete a Discharge Form (in the Electronic Medical Record/EMR).
5. Within the required timelines, the appropriate Advance or Adequate Notice must also be completed with case closings (in accordance with [RR.2.36 "Appeals and Grievance Procedure"](#)) using the appropriate form in EMR. Note: In accordance with Michigan Department of Health and Human Services (MDHHS) contractual requirements, when a notice is sent as the result of a consumer's death, cover letter ([90-406 "Death – Adequate Notice Cover Letter"](#)) may be sent with a notice.
5. The Primary Worker will complete the Discharge Form and assure that a copy is sent to the appropriate Unit Manager. If the consumer is receiving collaborative services from another service agency (for example Work Services), the worker will notify such agencies of the change in service provision.
6. The Unit Manager will mail the notice to the consumer/guardian and will update the demographic information in the EMR system.

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- The responsible Unit Manager is authorized to conduct routine case closings when certain conditions occur. On approximately a bi-monthly basis, the Unit Manger will review the cases in the tickler file which have not had any services provided for the previous two (2) months or longer and will conduct routine administrative closings in the EMR system per the following guidelines. When a new consumer has:
  - been referred by the contracted screening agency and has been entered into the EMR system but has never had any additional services provided by HBH
  - had an emergency services contact but no additional services have been provided by HBH
  - become deceased after the case was opened but no services were provided by HBH
- The Unit Manager will mail the Advance Notice per the "[Appeals Grievances Procedure](#)" (RR.2.36).
- For those cases with General Funds (GF), a thirty (30) day notice will be provided prior to the completion of a discharge form. If the consumer does not respond within twelve (12) days from the Advance Notice, the Unit Manager will enter the "closed admission" status and the date of the closure in the EMR system.

Note: Unit Managers are not permitted to routinely close any cases in which clinical services have occurred. In these situations, the responsible clinician must initiate the case closings and generate the notice. (See section A "Clinical Case Closings" for details.)

**Definitions/Acronyms:**

COA – Council on Accreditation

EMR – Electronic Medical Record

GF – General Funds

HBH - Huron Behavioral Health

MDHHS – Michigan Department of Health and Human Services

**Forms:**

Transfer/Referral/Discharge Form (in EMR)

Adequate Notice Form (in EMR)

Advance Notice Form (in EMR)

[90-406 Death – Adequate Notice Cover Letter Form](#)**Records:**

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

**Reference(s) and/or Legal Authority**

COA standards

[QI.1.23 HBH Record Retention & Storage Policy](#)[RR.2.36 Appeals and Grievance Procedure](#)**Change History:**

Change Letter	Date of Change(s)	Changes
None		Old procedure brought into new Controlled Documentation format with minimal content changes.
A	01/12/05	Added "Administrative Closing" section, added record retention references
B	07/10/07	Reworded A.5, reworded several sentences for clarification without changing sentence content, updated the forms to reflect the new regional adequate and advance notice forms (100-013, 100-014, 100-015, and 100-016), added form 90-406 (Death Adequate Notice Cover Letter Form)
C	09/11/07	Revised to include new regional "Transfer/Closing Form" (90-1001) and to remove all references to HBH old forms for transfer and closings (90-051 & 90-038), added "EMR" reference in "Acronym" and "Records" section, revised some of the wording to more accurately detail activities, without changing content, changed bullets in A.1 to match the new regional form options, added second sentence in A.2.
D	09/22/08	Reviewed and revised to comply with COA 8 <sup>th</sup> Edition Standards and present practices – added the second sentence in A.5, made several grammatical changes without changing content, removed COA chapter-specific references.

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E	03/28/13	Reviewed and revised to comply with 8 <sup>th</sup> edition COA standards – added A.2, removed bullet “secondary worker” from “Information” section, in B.1 1 <sup>st</sup> bullet changed “to HBH” to “by AAM” and changed “3 months” to “forty-five (45) days” and removed 3 <sup>rd</sup> bullet which was for Substance Abuse consumers, corrected form numbers and hyperlinks, additional minor grammatical and sentence restructuring without changing content.
F	03/18/15	Removed references to regional forms and form #s throughout document (10 places) removed references to “AAM” and “Access Alliance of Michigan” throughout document (2 places), removed references to “CMHC” throughout document (4 places) and replaced with “EMR”, in “Acronym” section removed “AAM”, “CMHC”, & “RESA”, in “Forms” section removed reference to “CMHC Administrative case Closing Document”, removed B.1 (2 <sup>nd</sup> bullet) which referred to school violence testing removed B.4 and B.5 which referred to CMHC data entry/reporting, added new B.3, corrected hyperlinks, made numerous grammatical changes/corrections without changing sentence content.
G	01/31/17	In A.3 added “and will document such efforts in the case record”, changed “Michigan Department of Community Health/MDCH” to “Michigan Department of Health and Human Services/MDHHS” (2 places), in Acronym” section added “GF” & “MDHHS”, in B.3 added first sentence (“For those cases with....”), in “Forms” section removed non-Medicaid forms and removed “for Medicaid consumers” from “Adequate Notice” and Advance Notice” forms.