



# HURON BEHAVIORAL HEALTH PROCEDURE

Procedure #: CSM.2.07  
Issue Date: 05/26/04  
Rev. Date: 12/06/23  
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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 and part-time employees), clinical contract providers, volunteers, students, and/or interns of Huron Behavioral Health (HBH) and all consumers served.

### Information:

The treatment team generally consists of the following HBH employees (as applicable):

- Primary worker
- Supervisor
- Registered Nurse
- Treating Psychiatrist/Nurse Practitioner
- 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 when the consumer:
  - achieves the desired outcomes
  - discontinues services without notice
  - discontinues services with notice
  - is referred or self-transferred to another provider
  - other circumstances (to be defined by the circumstances of the case and the involved workers and documented in the consumer's case record)

See also "[Case Closing/Discharge from Services Policy](#)" SD.1.02)

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. Case closings will be reviewed and discussed with the treating physician who will provide input based upon the information, history, and presenting documentation regarding closing 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 in an attempt 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 Adverse Benefit Determination Notice (also referred to herein as the "Notice") must also be completed with case closings (in accordance with "[Appeals and Grievance Procedure](#)" RR.2.36) 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 Notice Cover Letter"](#)) may also be sent with the Notice.
5. The primary worker will complete the discharge form and assure that a copy is sent to the appropriate clerical services staff. 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.

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6. The clerical services staff will mail the Notice to the consumer/guardian and will update the demographic information in the EMR system.

## B. Administrative Case Closings:

1. The clerical services staff is authorized to conduct routine case closings when certain conditions occur. On approximately a bi-monthly basis, the clerical services staff 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 court system for only psychological testing for guardianship hearing
  - 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 (ES) contact but no additional services have been provided by HBH
  - become deceased after the case was opened and no further services were provided by HBH
2. The clerical services staff will mail the Adverse Benefit Determination Notice per the "[Appeals Grievances Procedure](#)" (RR.2.36).
3. 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 thirty (30) days from the Notice, the clerical services staff will enter the "closed admission" status and the date of the closure in the EMR system.

*Note:* Clerical services staff is 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 Adverse Benefit Determination Notice. (See section A "Clinical Case Closings" for details.)

## Definitions/Acronyms:

COA – Council on Accreditation

EMR – Electronic Medical Record

ES – Emergency Services

GF – General Funds

HBH - Huron Behavioral Health

MDHHS – Michigan Department of Health and Human Services

## Forms:

Transfer/Referral/Discharge Form (in EMR)

Adverse Benefit Determination Notice Form (in EMR)

[90-406 Death 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](#)

[SD.1.02 Case Closing/Discharge from Services Policy](#)

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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.
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.
H	07/10/18	In "Procedure" section in A.1 4 <sup>th</sup> bullet added "self-transferring", added 1 <sup>st</sup> bullet in B.1, made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
I	04/28/20	Changed "Advance Notice" and "Adequate Notice" to "Adverse Benefit Determination Notice" throughout document (4 places), made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
J	02/27/22	Added reference to SD.1.02 (2 places), changed "Unit Manager" to "clerical services staff" (5 places), made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.
K	12/06/23	In "Acronyms" section added "ES", in "Procedure" section B.3 changed second "twelve (12) days" to "thirty (30) days", made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.