

Partners in Recovery

Consumer Disenrollment Checklist Form

Date: _____ Site: _____ Staff Requesting Closure: _____

Clinical Coordinator: _____ BHMP: _____

Last Dx: _____ Date Medications were last Prescribed: _____

List Last Prescribed Medications: _____

Reason for Closure (circle one): a. Consumer Initiated b. Lack of Medical Necessity c. Moved out of geographical region
 e. Change of provider (ALTCS) f. Lack of Contact c. Death g. Sentenced to the Dept. of Corrections (prison) for 3+ months

Checklist	Yes	No	N/A
1. Is this closure clinically appropriate?			
2. If the consumer is being closed due to a move out of the geographical region, has the clinical team coordinated a transfer/referral?			
3. If the consumer is being closed due to a change in provider (ALTCS), has the clinical team coordinated a transfer/referral?			
4. If the consumer is under an active court order, did the clinical team facilitate a change of venue prior to requesting closure?			
5. If the consumer hasn't been in contact with the clinical team, did the clinical team engage in outreach efforts prior to requesting closure? <u>Required outreach efforts include:</u> telephone calls to consumer or guardian during times they would reasonably be expected to be home; attempts to contact consumer or guardian face-to-face if telephone contact is insufficient to assess acuity and risk, sending a letter requesting contact if all attempts at face-to-face contact have been unsuccessful (except when contraindicated due to safety concerns). Other outreach activities may include: attempts to contact family members/the Emergency Contact; contacting Jails, Hospitals and Shelters.			
6. If the consumer requires re-engagement efforts made by the clinical team, are these efforts to re-engage adequate to support closure?			
7. If closure was <i>not</i> due to consumer death or consumer request, was a "Notification of Intent to Close" letter sent to the consumer at least 60 days prior to requesting disenrollment?			
8. Has the Disenrollment Summary been adequately completed and signed by the Prescribing Clinician?			
9. For Title XIX consumers, has a PCP Notification been completed and sent to the PCP?			
10. Has the EA1013 been updated?			

Comments _____

Consumer may not be disenrolled unless Clinical Coordinator has reviewed all appropriate documentation.

Checklist to be filed with disenrollment documentation.

 Clinical Coordinator Signature/Credentials

 Date Approved for Disenrollment

Consumer: _____

CIS ID#: _____