

**Policy Name: Case Closure and  
Re-engagement Activities Required Prior to  
Disenrollment**

**Policy Number: PRG - 2000**

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H.M. Gilbert Jr., Executive Director, PIR

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Date

***Cross Reference(s)***

*None*

***Policy Statement***

Partners in Recovery has in place a process for case closure and re-engagement activities prior to disenrollment.

***Purpose***

To provide information pertaining to case closure and the re-engagement activities required prior to disenrollment.

***Scope***

Partners in Recovery Direct Care Clinics.

***Key Terms***

Should the reader need to inquire as to the definition of a term used in this policy, the Partners in Recovery Key Term Glossary can be found in the back of the Policy and Procedure Manual.

***Standards***

- I. Types of Closure
  - A. Situations in which closure may occur include the following:
    1. Treatment completed;
      - Prior to disenrolling a person following the completion of treatment, the behavioral health provider and the person or the person's legal guardian must mutually agree that behavioral health services are no longer needed. This must be documented in the medical record.
    2. Consumer initiated closure or consumer declines further treatment;
      - Unless the consumer meets the criteria for pre-petition screening or petition to treatment as outlined in *Provider Manual Section 3.18, Pre-petition Screening, Court Ordered Evaluation and Court Ordered Treatment*.
    3. Death of a consumer;
    4. Move of a consumer out of the geographic region served by / or Partners in Recovery;
    5. Lack of contact;
    6. If a consumer is sentenced to the Department of Corrections (prison) for a period exceeding 3 months;

7. If a consumer transfers services to another RBHA or to receive a higher level of care (i.e., ALTCS); and
  8. Administrative factors such as a change in eligibility status.
- II. Determining Clinical Appropriateness of Closure
- A. If all applicable re-engagement activities were conducted in accordance with *Provider Manual Sub-Section 3.8.6-C, Re-Engagement, and Section 3.8, Outreach, Engagement, Re-engagement and Closure*, the consumer's Clinical Team shall determine whether closure is appropriate. Closure shall not occur in the following cases:
    1. Failure to comply with policies or clinical team recommendations as a direct result of mental health symptoms;
    2. Notification of the consumer's right to appeal the clinical teams' decision to close their case has not occurred; and
    3. The consumer is physically dependent on any prescribed medications.
- III. Re-Engagement Activities:
- A. Prior to disenrolling a consumer, efforts to re-engage the consumer in services shall be made in accordance with *Provider Manual Sub-Section 3.8.6-C, Re-Engagement*.
  - B. In cases where the Clinical Team recommends continued services, re-engagement efforts shall be conducted in accordance with the *Provider Manual Sub-Section 3.8.6-C Re-Engagement, and Provider Manual Section 3.18, Pre-petition Screening, Court Ordered Evaluation and Court Ordered Treatment*.
- IV. Transitioning Care to New Service Providers
- A. When closure occurs for General Mental Health –Court Ordered Treatment or Pregnancy and Addiction Program, the Case Manager shall assist the enrolled person to transition to another service provider in accordance with *Provider Manual Section 3.8 Outreach, Engagement, Re-engagement and Closure*.
  - B. If the person moves within the state of Arizona, but outside of Maricopa County, an Inter-RBHA transfer shall be initiated, in accordance with the *Provider Manual Section 3.17-D, Transition of Persons between T/RBHAs*.
  - C. If the person moves out of state, the Case Manager shall assist the client in locating behavioral health service agency in the applicable geographic area.
  - D. If the person is served by other service providers, those agencies shall be notified of and involved with the coordination of continued services prior to case closure.
- V. Notification of Intent to Close
- A. Re-engagement activities as outlined in Standard III above must be completed and documented in the medical record *prior* to notification of intent to close.

- B. Unless closure is due to the consumer's written request or death, the consumer shall be notified of the Clinical Team's decision to close no less than 30 days prior to the date of closure using the *"Notification of Intent to Close Letter"* and attaching *Provider Manual form 5.5.1 Notice of Decision and Right to Appeal*. Notification shall be made in writing and can be mailed after all re-engagement activities have been completed.
- C. Any letter notifying a consumer of the Clinical Team's intent to close their case shall:
  - 1. Indicate the reason for closure;
  - 2. Inform the consumer of the right to file an appeal; and
  - 3. Be sent via certified mail.
- D. A copy of the notification of intent to close will be filed with the consumer's medical record.

VI. Documentation Required for Closure

- A. Within ten (10) days of the eligible closure date, the staff member requesting closure shall complete:
  - 1. An EA1013 in ClaimTrak;
  - 2. Primary Care Physician Communication form; and
  - 3. Disenrollment Summary
    - a) Reason for Disenrollment: This section must identify the specific reason the consumer is being disenrolled from services, i.e. consumer requested case closure; death of a consumer; move of consumer from geographic area served by Partners in Recovery.
    - b) Presenting Issues: This section shall provide a summary of the consumer's behavioral health issues that are currently documented on the consumer's current assessment or Individual Service Plan. These issues might include (but are not limited to):
      - i. Mental health symptoms that are currently targeted for treatment;
      - ii. Important issues including unemployment, homelessness, lack of social supports, a lack of involvement in any meaningful daily activity, etc, which are currently targeted for treatment; or
      - iii. Substance use, abuse or dependence.
    - c) Summary of Services Provided: In this section, identify all services and/or supports provided or coordinated by Partners in Recovery since the time of the consumer's initial intake. It is necessary to be as specific as possible. When completing this section, the following types of services listed below should be considered, however this is not an exhaustive list of services a consumer might receive:

- i. Crisis Services (Psychiatric Recovery Center visits/admissions, Crisis Phones, Mobile Team Services, In-home Supports);
  - ii. Inpatient Psychiatric Hospitalization;
  - iii. Residential Treatment Services, Housing Subsidies or Independent Living Skills Services;
  - iv. Vocational Services;
  - v. Counseling Services;
  - vi. Medication Subsidies; or
  - vii. Transportation Services (bus tickets, taxi vouchers, ComTrans, case manager transport, van transport)
- d) Summary of Progress toward Achieving Treatment Goals: This section should summarize the progress or lack of progress the consumer has made toward his/her current goals as set forth in the ISP Service Plan. To complete this section, it will be necessary to review the current service plan and any service plan reviews that have been completed.
- e) Medications Prescribed and Referrals Provided at the Time of Disenrollment: This section will indicate the medications prescribed by the Behavioral Health Medical Practitioner (BHMP) at the time of disenrollment/case closure. If the consumer was missing at the time of case closure, indicate this information in this section, and provide a summary explaining why medications were not prescribed at the time of case closure. Depending on the circumstances related to closure, the team may indicate the medications which were prescribed when the consumer was last seen by the BHMP, but it will be necessary to indicate the date these medications were last prescribed.
- f) Information regarding referrals which was provided to the consumer to address ongoing treatment needs shall be documented in this section. If a clinical team is unable to contact a consumer at the time of disenrollment, the team shall indicate why no referrals were provided in this section. This section should be answered "NA" only if the consumer is deceased at the time of case closure.
- B. All paperwork shall then be forwarded to the Clinical Coordinator for review and approval of closure.
- C. Within three (3) business days of receiving closure paperwork, the Clinical Coordinator will review closure for clinical appropriateness and complete the Disenrollment Checklist.
1. If documentation is sufficient, the Clinical Coordinator will forward the request to the Clinical Director for final approval of the request for closure and it will be processed.

2. If the documentation is insufficient, the Clinical Coordinator will review deficiencies with the staff requesting the closure to ensure all activities and documentation has been adequately completed before forwarding to the Clinical Director for final approval.
3. After the Clinical Director has approved the closure paperwork, the Disenrollment Checklist will be filed in the medical record with the other documents related to disenrollment.

***Associated Partners in Recovery Direct Care Clinic Forms & Attachments***

*Notification of Intent to Close Letter*

*Disenrollment Checklist*

*PCP Communication form*

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