



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Clinical Practice	Procedure: Disenrollment from Treatment	
Last Updated: 07/26/2024	Owner: Managed Care Operations	Pages: 3

I. PURPOSE:

To provide procedural and operational guidance to directly-operated and contracted primary clinical providers on the disenrollment of persons served from treatment through Macomb County Community Mental Health (MCCMH).

II. DEFINITIONS:

A. Aftercare Plan:

A comprehensive and person-centered summary of an individual's strengths, achievements in treatment, and recommendations for post-discharge care. This plan should include but is not limited to: instructions to maintain the achieved treatment outcomes, relapse prevention steps, resources, and instructions for accessing community crisis interventions supports.

B. Unplanned Discharge:

When an individual terminates services with MCCMH before a comprehensive discharge plan can be developed and/or completed.

III. PROCEDURE:

- A. For planned discharges, the primary case holder develops an aftercare plan with the person served prior to requesting to discharge them from treatment.
- B. For unplanned discharges, the primary case holder must follow the steps outlined in MCCMH's Outreach Procedure prior to requesting to discharge the person from treatment.
- C. The primary case holder notifies all ancillary providers fourteen (14) calendar days before the date of discharge that the person served is being discharged from treatment through MCCMH.
- D. The primary case holder sends the person served an Advance Notice of Adverse Benefit Determination (ABD) indicating the intent to terminate services at least ten (10) calendar days prior to the proposed effective date of the adverse benefit determination.

- E. Within 48 hours of the effective date of the ABD, the primary case holder completes the discharge summary attached to the individual's admission in MCCMH's FOCUS electronic medical record (EMR).
- F. FOCUS will automatically notify the primary case holder's supervisor of the completed discharge summary for review.
- G. FOCUS will automatically route the discharge request to MCCMH's Managed Care Operations (MCO) Department for review. The chart will remain open to the primary provider until the completion of the MCO review.
- H. Within five (5) business days, MCO reviews the discharge request to ensure that disenrollment is the appropriate course of action. This includes, but is not limited to ensuring that:
 - a. MCCMH's Outreach Procedure has been followed for unplanned discharges;
 - b. A discharge plan has been created by the primary case holder with the person and includes all necessary referrals and appointments with the appropriate continuum of care in the community; and
 - c. All applicable Adverse Benefit Determination Notices have been sent.
- I. If MCO determines that the disenrollment is appropriate, MCO will approve the disenrollment and the FOCUS EMR will automatically expire all authorizations, cancel future appointments, expire the Individual Plan of Service (IPOS), and close all admissions and assignments. The FOCUS EMR will automatically send a notice to the primary case holder that the case has been closed.
- J. If MCO determines that the disenrollment is not appropriate, the primary case holder will be notified and provided with recommendations as to the next course of action.

IV. REFERENCES:

None.

V. RELATED POLICIES AND PROCEDURES

- A. MCCMH Policy 2-010, "Standards for Clinical Service Documentation"
- B. MCCMH Policy 2-010 Exhibit A, "MCCMH Outreach Procedure"
- C. MCCMH Policy 2-013, "Access, Eligibility, Admission, Discharge"
- D. MCCMH Policy 4-020, "Medicaid and Non-Medicaid Notice of Adverse Benefit Determination"

VI. EXHIBITS:

None.

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	11/21/2023	Creation of Procedure	MCCMH MCO Division
2	3/25/2024	Implementation of Procedure	MCCMH MCO Division
3	07/26/2024	Revision of Procedure	MCCMH MCO Division