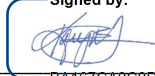
 <b>Behavioral Health Department</b> Alameda County Health	Signed by:  By: <u>BA167CA0C0D444A...</u> <b>Karyn L. Tribble, PsyD, LCSW, Director</b>
<b>POLICY TITLE</b>  <b>Community Based Organization Program Closures</b>	<b>Policy No: 1702-2</b>  <b>Date of Original Approval:</b> 9/24/2025  <b>Date(s) of Revision(s):</b>

## PURPOSE

This policy establishes uniform processes to notify the California Department of Health Care Services (DHCS), Alameda County Behavioral Health Department (ACBHD), and Medi-Cal members when a network provider contract terminates naturally or through early termination by either the network provider or ACBHD for substance use treatment services in Alameda County.

ACBHD is required under the Drug Medi-Cal-Organized Delivery System (DMC-ODS) Plan and Specialty Mental Health Services (SMHS) Plan with DHCS to report program closures or other emerging events which may impact ACBHD's network adequacy as specified in the County's contract with DHCS.

## AUTHORITY

- [State of California – Department of General Services Standard Agreement between DHCS and ACBHD](#) (i.e., DMC-ODS Intergovernmental Agreement)
- 42 CFR §§ [438.10](#) and [438.207](#)
- [DHCS Behavioral Health Information Notice \(BHIN\) 24-020: Network Certification Requirements for County Mental Health Plans \(MHPs\) and Drug Medi-Cal Organized Delivery System \(DMC-ODS\) Plans](#) and any that supersede it
- [CA W&IC 14197](#)
- [DHCS Mental Health Plan \(MHP\) Contract](#)

## SCOPE

This policy shall cover all ACBHD county-operated programs in addition to entities, individuals, and programs providing mental health and substance use services under a contract or subcontract with ACBHD.

## POLICY

ACBHD shall notify DHCS of the termination of any subcontract with a licensed DMC-ODS or SMHS provider, along with the termination of any subcontract with a licensed provider, and the basis for termination of the subcontract, within **two (2) business days** using a secure managed file transfer system specified by DHCS.

Upon receipt or issuance of a termination notice, the network provider will make a good faith effort to give written notice of termination of the network provider, within **fifteen (15) days** after receipt or issuance of the termination notice, to each active member who was served by the terminated network provider.

This shall include when a network provider or ACBHD notifies the other party that they do not plan to renew a contract that is set to expire naturally.

If the termination of a network provider results in a significant change in the services that ACBHD provides that would affect the adequacy and capacity of services, ACBHD shall notify DHCS by email to the Network Adequacy Oversight Section (NAOS)<sup>1</sup> within **ten (10) business days**.

Network providers shall provide ACBHD with copies of all member records for members served during the length of the contract, in alignment with record retention requirements, through an agreed upon communication methodology and in an agreed upon timeframe.

## PROCEDURE

ACBHD Operational Leads and network providers shall coordinate in order to:

1. Identify members that must receive notification of termination.
  - a. Ensure network provider gives written notifications to identified members within **fifteen (15) calendar days** after receipt or issuance of the termination notice.
  - b. Confirm ACBHD receives copies of member records, as necessary.
2. Ensure that network provider make available a plan to ACBHD for the continuity of services to members, including the maintenance and security of records.
  - a. The continuity plan must provide for the transition of services and records in the event that a direct service staff should die or become unable to continue providing services, or in the event that a program closes.
3. ACBHD Contracts Unit shall notify DHCS of any network provider terminations.

ACBHD Operational Leads will be the point persons in collecting the required information so ACBHD Contracts Unit can properly notify and report any qualifying events to DHCS. In addition, other ACBHD Units will keep ACBHD Operational Leads apprised on any qualifying events that may come to the attention of their department through other communications.

Reportable events shall be tracked by ACBHD Operational Leads according to a process established by that team.

## NON-COMPLIANCE

*As a general contract provision:*

1. Network providers not in compliance with contract provisions, or State or Federal law and/or regulations shall be immediately responsible for remedy.
2. ACBHD may, at its discretion, issue a Corrective Action Plan (CAP) or Contract Compliance Plan (CCP).

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<sup>1</sup> [NAOS@dhcs.ca.gov](mailto:NAOS@dhcs.ca.gov)

3. The cost to implement the CAP or CCP shall be borne by the Contractor.

Failure to address identified issues may result in further action by ACBHD up to and including program termination, as specified in the ACBHD Contract Compliance and Sanctions for ACBHD Contracted Providers Policy, and/or future debarment by Alameda County, as specified in any then current debarment policy (see Alameda County General Services Agency Debarment Policy.)

## CONTACT

ACBHD Office	Current As Of	Email
Contracts Unit	7/18/2025	<a href="mailto:contracts@acgov.org">contracts@acgov.org</a>
Substance Use Continuum of Care, Operations Unit	7/18/2025	<a href="mailto:sucontinuumofcare@acgov.org">sucontinuumofcare@acgov.org</a>

## DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Staff
- ACBHD Contract Providers
- Public

## ISSUANCE AND REVISION HISTORY

**Original Author:** Melissa Yamamoto, Program Specialist, ACBHD Substance Use Continuum of Care, Operations Unit

**Original Date of Approval:** 7/24/2025 by Dr. Karyn Tribble, Behavioral Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)

## DEFINITIONS

Term	Definition
<b>Communication Methodology</b>	The method of communication, as set forth by ACBHD, for exchange of information. This includes but is not limited to: Fax, encrypted email, and Electronic Health Record (EHR) in accordance with HIPAA and confidentiality requirements.
<b>Network Provider</b>	Any provider, group of providers, or entity that has a network provider agreement with ACBHD and receives Medicaid/Medi-Cal funding directly or indirectly to order, refer or render covered services as a result of the contract.

## APPENDICES

None