



**COUNTY OF YOLO**  
**HEALTH AND HUMAN SERVICES AGENCY**  


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**POLICIES AND PROCEDURES**

**SECTION 5, CHAPTER 3, POLICY 002**

**NETWORK PROVIDER TERMINATIONS**

<b>POLICY NUMBER:</b>	5-3-002
<b>SYSTEM OF CARE:</b>	BEHAVIORAL HEALTH
<b>FINALIZED DATE:</b>	06.28.2023
<b>EFFECTIVE:</b>	06.24.2022
<b>SUPERSEDES # :</b>	Supersedes Policy #'s:

**A. PURPOSE:** To establish uniform processes for Yolo County Health and Human Services Agency (HHSA) when a network provider contract terminates naturally or through the early termination by either the network provider or Yolo County HHSA.

**B. DEFINITIONS:**

1. **Network Provider:** Any provider, group of providers, or entity that has a network provider agreement with Yolo County HHSA Behavioral Health and receives Medicaid funding directly or indirectly to order, refer or render covered services as a result of the contract.
2. **Communication Methodology:** The method of communication, as set forth by Yolo County HHSA, for exchange of information. This includes but is not limited to: Fax, Yolo County HIPAA compliant drop box, encrypted email, and Electronic Health Record (EHR) in accordance with HIPAA and confidentiality requirements

**C. RELATED DOCUMENTS:**

1. Beneficiary Notification of Provider Termination

**D. POLICY:**

1. Upon receipt or issuance of a termination notice, Yolo County 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 beneficiary who was seen on a regular basis by the terminated provider.

- a. This shall include when a network provider or Yolo County HHSA notifies the other party that they do not plan to renew a contract that is set to expire naturally.
2. If the termination of a network provider results in a significant change in Yolo County that would affect the adequacy and capacity of services, Yolo County shall notify DHCS by email to the Network Adequacy Oversight Section (NAOS) within 10 business days.
3. Yolo county shall notify the Department of Health Care Services (DHCS) of the termination of any subcontract with a certified Substance Use Disorder provider, and the basis for termination of the subcontract, within two (2) business days through the means specified by DHCS.
4. Network Providers shall provide Yolo County with copies of all beneficiary records for beneficiaries 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.

**E. PROCEDURE:**

1. Yolo County HHSA and network providers shall coordinate in order to:
  - a. Identify beneficiaries that must receive notification of termination
  - b. Issue notification to identified beneficiaries.
  - c. Ensure Yolo County receives copies of beneficiary records
2. Yolo County HHSA shall notify DHCS as required of any network provider terminations.

**F. REFERENCES:**

1. DHCS Yolo County Mental Health Plan Contract
2. DMC-ODS Intergovernmental Agreement
3. 42 C.F.R. § 438.10
4. 42 C.F.R. § 438.207
5. DHCS Information Notice 22-033: 2022 Federal Network Certification Requirements for County Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS)

**Approved by:**

*Karleen Jakowski*

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**Karleen Jakowski, LMFT, Mental Health Director  
Yolo County Health and Human Services Agency**

6/28/23

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**Date**