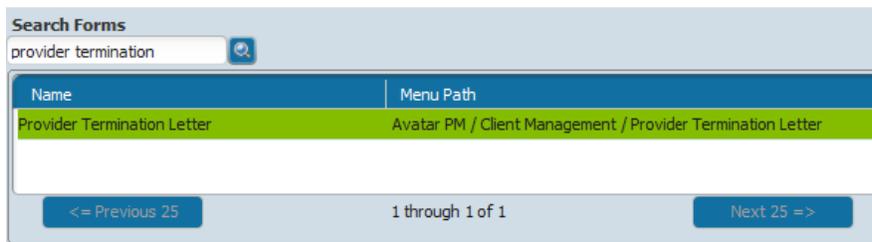


Provider Termination Letter (Avatar Desk Reference)

The purpose of this desk reference is to provide guidance on how to complete the Provider Termination Letter in Avatar.

Menu Path

Avatar PM > Client Management > Provider Termination Letter or enter “Provider Termination Letter” under Search Forms



The screenshot shows the 'Search Forms' interface in Avatar PM. A search bar at the top contains the text 'provider termination'. Below the search bar is a table with two columns: 'Name' and 'Menu Path'. The table contains one row with the following data:

Name	Menu Path
Provider Termination Letter	Avatar PM / Client Management / Provider Termination Letter

At the bottom of the search results, there are navigation buttons: '<= Previous 25' on the left, '1 through 1 of 1' in the center, and 'Next 25 =>' on the right.

Details

- This form should be completed when providing written notice to members who are currently open to a provider that will no longer contract with Yolo County.
 - **Reminder:** The notice to the beneficiary shall be provided 30 calendar days prior to the effective date of the termination or 15 calendar days after receipt or issuance of the termination notice, whichever is later.
- All fields are required. The form will not submit without completing all fields.

Steps

- Open the Provider Termination Letter form in Avatar
- Complete the form as follows:
 1. On the “Provider Name” drop down menu, select the name of the Provider that will no longer be contracting with Yolo County.
 - If a program is closing more than one program, you will need to complete the form multiple times. For example, CORE has two options available (W. Sac & Sacramento)
 2. In the “Provider Address” field, enter the Provider’s Address, including the street address, city, state, and zip code.
 - Example: 137 North Cottonwood Street, Suite 2500, Woodland, CA, 95695

3. In the “Contract Termination Date” field, enter the date the contract will end.
4. In the “Contact Name” field, enter the name of the Yolo County Program Coordinator, Contract Manager, or other designee that will be able to assist with coordinating the member’s transition of services to a new Yolo County Provider.
5. In the “Contact Title” field, enter the title of the Yolo County Contact.
 - Example: Behavioral Health QM Clinical Manager
6. In the “Contact Phone Number” field, enter the best phone number for members to reach the Yolo County Contact.
7. In the “Contact Email Address” field, enter the email address of the Yolo County Contact.

The screenshot shows a web form titled "Provider Termination Letter". On the left is a sidebar with a "Process" button and several icons. The main form area has two sections:

- Please enter the provider information**:
 - Provider Name: A dropdown menu with a red circle '1' next to it.
 - Provider Address (include street address, city, state, and zip code): A text input field with a red circle '2' next to it.
 - Contract Termination Date: A date picker with a red circle '3' next to it.
- Please enter the Yolo County contact information**:
 - Contact Name: A text input field with a red circle '4' next to it.
 - Contact Title: A text input field with a red circle '5' next to it.
 - Contact Phone Number: A text input field with a red circle '6' next to it.
 - Contact Email Address: A text input field with a red circle '7' next to it.

- Once the entry has been completed, select “Process”.

This is a close-up of the sidebar from the previous screenshot, showing the "Process" button highlighted in blue. Above it are two status messages: "Provider Termination L..." and "Please enter the provider ...". Below the button are several icons for document management.

- The report generates termination letters for each member that has an open Avatar episode with the terminating provider. Save a copy of the letters.

- **Important:** The information entered onto this Avatar form cannot be recalled, so a copy of the letter must be saved to demonstrate the required notice of termination was provided.
- Once saved, print the letters and mail them to the members.

Sample letter:



COUNTY OF YOLO
Health and Human Services Agency

Nolan Sullivan
HHSA Director

MAILING ADDRESS
137 N. Cottonwood Street • Woodland, CA 95695
(530) 666-8830 • www.yolocounty.org

6/5/2024

Test, Test
1234 1st Street
Sacramento, CA 95834

RE: Program closing

Dear Member,

I am writing to you from the Yolo County Health and Human Services Substance Use Disorder Continuum. CORE Medical Clinic W Sac-NTP, located at 137 North Cottonwood Street, Suite 2500, Woodland, CA, 95695 will end their contract with Yolo County as of 6/5/2024.

You have been identified as a beneficiary regularly using their services. As the contract is ending, we want to assure you receive a clear and useful transition plan. CORE Medical Clinic W Sac-NTP will work with you to assure you can access appropriate services from other providers. If you have any concerns, or if we can help with your transition, please contact:

Jennifer Gay
137 N. Cottonwood Street
Woodland, CA 95695
111-111-1111 or Jennifer.Gay@yolocounty.org

Sincerely,

Jennifer Gay
QM Clinical Manager