

SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
POLICY AND PROCEDURE MANUAL

Section: Clinical
Policy Number: 78
Subject: **Contract Termination**

Effective Date: 5/21/12
Last Revision Date: 1/12/16
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Policy

It is the policy of Shiawassee County Community Mental Health Authority (SCCMHA) to institute a standard termination procedure for contracted service providers.

Purpose

The purpose of this policy is to establish termination procedures for contracted providers.


Application

This policy applies to all SCCMHA programs and services.

Procedure

1. In the event of contract termination a letter to the contracted provider will be prepared by the Contract Manager. This letter will include the following information:
 - a. Effective date of termination
 - b. Reason for termination and/or cited section of the contract
2. The Contract Manager will route the letter for signature by the Chief Executive Officer with copies to all appropriate agency staff.
3. When terminating contracts for services to beneficiaries, SCCMHA will make a good faith effort to give written notice of termination of a contracted provider within 15 days after receipt or issuance of the termination notice, to each enrollee who received his or her primary care from, or was seen on a regular basis by the terminated provider. The notification process will be coordinated through the Customer Services Department.

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Approved by:  4-7-2016
Board Chairperson Date

 4/14/16
Chief Executive Officer Date

