Medicaid Mental Health Provider
Closure Requirements

For a provider to close their agency, the following standards must be considered and followed:

- Provider Agreement, Section 3

  3. Professionalism.
  To be licensed, certified, or registered with the appropriate state authority and to provide items and services in accordance with statute, rules, and professionally recognized standards by qualified staff or professionally supervised paraprofessionals where their use is authorized. The Provider shall respect the Medicaid participant's right to privacy, dignity, and free choice of provider.

- Provider Agreement, Section 10.1

  10. Duration and Termination of Agreement.
  This Agreement shall remain in effect until terminated in writing. In the event of termination, the Department's sole obligation shall be to pay for services provided prior to the effective date of termination. The Department shall not be responsible for any costs or expenditures of the Provider in reliance upon the terms of this Agreement.

  10.1. This Agreement may be terminated by either party without cause by giving thirty (30) days' notice in writing to the other party.

- IDAPA Rules: 16.03.09.714.14.a & 16.03.10.13.12

  The provider must adopt, adhere to and enforce a Code of Ethics on its staff who are providing Medicaid reimbursable services.

Medicaid's expectation is that a provider agency that is discontinuing Medicaid services will conduct their closure in accordance with the Medicaid Provider Agreement, IDAPA Rules, and the Code of Ethics the agency has adopted. It is the expectation that all Medicaid participants will be given a written thirty (30) day notice, which the provider will document, of the termination of services and that appropriate referrals will be coordinated and/or aftercare/discharge plans will be followed as outlined in the participants' Treatment Plans.