COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY AND PROCEDURES MANUAL				
Chapter **Program Quality**	**Section** **Recipient Rights**	**Chapter** **05**	**Section** **01**	**Subject** **31**
Subject **Notice of Significant Change**	**Authorization**		**Approved: 11/29/05** **Replaces: None**	

Updated: October 2024; Reviewed/No Update: October 2025

I. PURPOSE: To define significant changes that require written notification to recipients.

II. APPLICATION: All programs operated directly by or under contract with Gogebic Community Mental Health Authority (GCMHA).

III. POLICY: All recipients will be provided with written notice of any significant change in the items listed below under Procedure.

IV. DEFINITIONS: None

V. PROCEDURE:

A. GCMHA 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 recipient who received their primary care from, or was seen on a regular basis by, the terminated provider.

B. GCMHA will give each recipient written notice of any significant change in any of the following items:

1. Names, locations, and telephone numbers of, and non-English languages spoken by, current contracted providers in the recipient's service area and identification of providers that are not accepting new recipients.
2. Any restrictions on the recipient's freedom of choice among network providers.
3. Grievance, appeal, and fair hearing procedures and timeframes.
4. The amount, duration, and scope of benefits available under the contract in sufficient detail to ensure that recipients understand the benefits to which they are entitled.
5. Procedures for obtaining benefits, including authorization requirements.
6. The extent to which, and how, recipients may obtain benefits from out-of-network providers.
7. The extent to which, and how, after hours and emergency coverage is provided.
8. Policy on referrals for specialty care and for other benefits not furnished by the enrollee's primary care provider.
9. Cost sharing, if any.
10. How and where to access any benefits that are available under the State plan but are not covered under the contract, including any cost sharing and how transportation is provided.
11. Any change in the provider network such as the addition of new providers and planned termination of existing providers.

C. The provision of written notification will be the responsibility of the director of the department in which the change occurs.

VI. REFERENCES AND LEGAL AUTHORITY: 42 CFR 438.10(f)(4) & (5); PIHP Contract 6.3.3

VII. EXHIBITS: None