



# SUMMIT POINTE POLICY AND PROCEDURE MANUAL

<b>Section:</b> Provider Network	<b>Policy Name:</b> Written Notice of Termination Contractual Provider	<b>Policy Number:</b> 1.2.10	
<b>Owner:</b> Director of Provider Network	<b>Applies To:</b> <input checked="" type="checkbox"/> Summit Pointe Staff <input checked="" type="checkbox"/> Summit Pointe Contract Providers <input checked="" type="checkbox"/> Summit Pointe CCBHC Services <input checked="" type="checkbox"/> Summit Pointe CCBHC DCO Providers		
<b>Approved By:</b> <i>Jean M. Sooduck</i>			
<b>Version Number:</b> 4	<b>Last Review Date:</b> 01/30/2026	<b>Revised Date:</b> 01/30/2026	<b>First Effective Date:</b> 11/01/2018

I. **PURPOSE:**

To ensure that written notice of termination of a contracted provider will be sent to each customer who received their primary care from or was seen on a regular basis by the terminated contractual provider.

II. **DEFINITIONS:** Refer to the “Summit Pointe Policy and Procedures Definitions Glossary.”

III. **POLICY:**

Summit Pointe will notify customers and Southwest Michigan Behavioral Health (SWMBH) within 30 days of any significant changes to its provider network.

IV. **PROCEDURE:**

Whenever a change to the Summit Pointe provider network composition occurs that has an impact on the delivery of behavioral health services, funding agencies will be notified no less than 30 days prior to the effective date of the change.

Summit Pointe will make a good faith effort to provide written notice of a termination of a contracted provider to each customer who receive(s) primary services from or was seen on a regular basis by the terminated provider. Notice will be provided no later than 30 calendar days prior to the effective date of the termination, or 15 calendar days after the receipt or issuance of the termination of contract notice.

Written notification of the change shall be in the form of mail or email to the customer. Notification shall include, at a minimum, the impacted provider’s name and effective date and instructions on selecting another provider.

V. **REFERENCES:**

Michigan Department of Health and Human Services Contractual Requirements  
Southwest Michigan Behavioral Health Master Contract: Schedule A, Section 1(e)  
42 CFR 438.10(f)(1)

VI. **ATTACHMENTS:**

None