

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Central Utah Counseling Center

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Access & Eligibility for Mental Health and/or Substance Abuse Clients

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?
Anyone that lives in the catchment area is eligible for services depending upon the severity of mental illness. All services that CUCC offers are available depending upon the severity of need. Services offered are based upon medical necessity not upon an individual's ability to pay. Severity is determined through assessment and screening.
Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?
Anyone that lives in the catchment area is eligible for services depending upon availability of substance abuse treatment slots. Priority admission is given to IV drug users, pregnant women and mothers with dependent children. When an individual calls in and is identified by the office managers as fitting one of the priority populations they are offered an appointment within 48 hours for an initial intake evaluation. After the evaluation the client is placed in necessary services. All services are available to clients depending upon the need as outlined in the SA Area Plan. CUCC is heavily committed to the drug court programs in the area and as a result drug court screenings and treatment often take precedence. With the advent of JRI, the substance abusing criminal justice population will of necessity take precedence over individuals in the community without criminal justice involvement, but by no means will CUCC withhold services to those in need of medically necessary services where CUCC is the best option for services. CUCC does not have a wait list to obtain services. CUCC offers a one hour initial evaluation appointment for clients and generally all clients can be seen at all CUCC offices within 2-3 days. Consequently when a client requests a specific provider or time, this wait time can be longer, but is always agreed upon by the client requesting services.
What are the criteria used to determine who is eligible for a public subsidy?
When clients are deemed in need of mental health or substance abuse services that CUCC offers, an intake appointment is made. If a client lacks funding to pay for services, the primary therapist conducting the initial interview determines the subsidy. This is in keeping with the CUCC's Fee Schedule Procedure. For further details please refer to the procedure.
How is this amount of public subsidy determined?
If a client lacks funding to pay for services, the primary therapist conducting the initial interview determines the subsidy. This is based upon a Sliding Scale fee (which is updated yearly) and the Fee Schedule Procedure that have been attached to the area plan. For further details please refer to the Procedure and Fee Schedule. The subsidy is determined by the client's income as well as other expenses.

How is information about eligibility and fees communicated to prospective clients?

This is communicated at the time of the initial call or through the triage process when the Center Triage Specialist calls the client back to determine appropriateness and need of services. This is again discussed at the point of the initial appointment with the Center by the office managers as well as the primary therapist conducting the initial interview.

**Are you a National Health Service Corps (NHSC) provider? YES/NO
In areas designated as Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.**

YES

Participation in the National Health Service Core helps programmatically through recruitment by being able to help with student loans. It allows for employee retention as requirements for participation in the program designate a commitment to remain at the participating provider.

To maintain eligibility CUCC must complete required paperwork and keep certain items up to date including our sliding scale fee in keeping with the federal poverty guidelines. Each location or office must be designated in the annual application process.

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review of each subcontractor. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.**

Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.

All current subcontractor files are monitored for completeness. Annually, current insurance, current licensure status and BCI applications are completed in the month of April. Failure to complete these results in the subcontractor being placed in an inactive file until these items are completed. CUCC has developed a tracking form to track the completeness of the subcontractor files. On a monthly basis every subcontractor is monitored through the Federal System for Award Management (SAM) and the Office of Inspector General's (OIG) Exclusions Database Search (EPLS/LEIE). This is tracked in a spreadsheet updated monthly.

Also every three years as required by Medicaid, CUCC utilizes the National Practitioner Data Bank to complete a more thorough search for Federal and State exclusions. This is completed as part of the credentialing and recredentialing process.

Annually, an audit is completed by CUCC to review various aspects of treatment, documentation, and billing. A form has been developed that looks at strengths and weaknesses in the chart. Treatment plans are reviewed, including goals, objectives and outcomes. Billing documentation is reviewed according to Medicaid standards as described in the most current Medicaid Provider Manual. These findings are then sent to the subcontractor for remediation and filed in a subcontractor audit review file. Also on regular billings, a review is completed to follow up on previous findings and any obvious discrepancies in the submitted claim and documentation. When this is the case, immediate feedback is

offered in an effort to correct errors prior to submission to Medicaid.