

Central Utah Counseling

GOVERNANCE & OVERSIGHT NARRATIVE

3 Year Plan (2024-2026)

Local Authority: Central Utah Counseling

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) 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.