

Salt Lake County

GOVERNANCE & OVERSIGHT NARRATIVE

3 Year Plan (2024-2026)

Local Authority: Salt Lake County

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 contracted network providers are monitored at least once per year. DBHS staff conduct regular on-site monitoring, electronic monitoring through our EHR, and spot check monitoring as needed for all vendors who are directly contracted with DBHS. This includes our SUD vendors and also our MH vendors who receive non-Medicaid monies. Optum monitors its 109 network providers at least once during the contract cycle. High volume audits are completed on all large providers annually. DBHS monitors/audits Optum at least once per year, but more often if needed.

Additionally, the consistent, ongoing reviews and re-authorizations required by contract of any ASAM LOC higher than ASAM 1.0 and any MH contract where the client receives five or more hours a week of treatment immediately alerts us when any issues are identified.

A complete list of monitoring tools for SUD items and for MH services is available upon request. All documentation is contained in UWITS or Optum's EHR, Netsmart, or other EHR approved by DBHS. All contracted network providers are required by contract to keep documentation up-to-date and accurate.

DBHS requires, through contract language with providers, that the treatment plan and ASAM assessment and mental health assessment be kept current. DBHS determines compliance with this during their annual monitoring visits.

For providers that directly contract with DBHS to provide non-Medicaid services, DBHS maintains current copies of insurance certificates, Division of Office of Licensing licenses, and conflict of interest forms in the contractor's file. Optum is responsible for maintaining this documentation for their contracted Medicaid providers. DBHS verifies this during their annual monitoring visit of Optum.

For DBHS' audit of our contracted managed care organization (MCO), Optum, an audit is completed annually. There are two parts to the audit, clinical/administrative and financial.

For the clinical/administrative audit, that begins in the early spring and is concluded by June 30 of each year. The final report is issued by September 30 of each year. The reason for this timing is to give providers an opportunity to become familiar with any new requirements and implement them in a meaningful manner. Additionally Medicaid's audit of our MCO for the previous calendar year [occurs sometime between May to July](#) of each year (varies year by year). There are some things which Medicaid measures which exceed the scope of our audit and we believe it crucial to add their findings into our audit report for a comprehensive review. We receive Optum's response no later than October 31. Therefore, DSAMH can expect to receive the clinical/administrative report no later than November 15 of each year.

For the financial audit, we consider that concluded once Medicaid has completed their financial audit. This is done in order to add validity to our audit and demonstrate that an agency independent of DBHS concurs with our findings. We receive the Medicaid audit report sometime in June and issue our final report by July 31 of each year. We receive Optum's response no later than August 31. Therefore, DSAMH can expect to receive the financial audit report no later than September 15 of each year. [However, this is for the prior year due to Medicaid's audit process.](#)