

Utah Co/Wasatch Behavioral Health GOVERNANCE & OVERSIGHT NARRATIVE 3 Year Plan (2024-2026)

Local Authority: Utah Co/Wasatch Behavioral Health

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.

Outside Contract Provider Responsibilities:

Outside contracted providers shall be knowledgeable of WBH's Contracted Provider Agreement provisions including:

- 1 All laws, regulations, or actions applicable to the services provided therein.
- 2 All terms and conditions applicable to licensed mental health providers contained in "Mental Health Center Provider Manual" – Utah State Division of Health Care Financing.
- 3 The Enrollee grievance system and client rights contained in WBHs Medicaid Member Handbook.
- 4 "Best Practice Guidelines" found on WBHs website (www.wasatch.org) Providers agreement to abide by and cooperate with WBH's Quality Utilization and Performance Improvement (QAPI) policies and procedures as they apply to private providers located on the www.wasatch.org website. Conduct a monthly review of its agency staff through the Inspector General (HHS - OIG) list of excluded individuals and entities (LEIE) database http://oig.hhs.gov/fraud/exclusions/exclusions_list.asp
- 5 Obtain a National Provider Identifier number (NPI).
<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>

All WBH clients' currently in services with contracted outside providers have their clinical record and billing documentation audited by WBH's Outside Provider Contract Program Manager or her designee.

The program manager/designee audits five percent (5%) of each clinical record open and assigned to each provider annually. When a provider serves more than one client, the program manager/designee audits a maximum of five clinical records annually. **Each outside provider is audited annually if they provided treatment to a Medicaid client within that fiscal year.**

The program manager/designee uses WBH's identified audit instrument for each clinical record audited. Specialized audits are initiated based on client complaints, suspicious billing practices, or from other reported issues.

The program manager will notify the outside provider orally and in writing of any negative audit findings. The outside provider has 90 days from the date of notification to correct errors. The program manager follows up to ensure all negative audit findings are corrected. A copy of the audit instrument is maintained by the program manager and the program manager reports any issues of significant concern or identified billing errors to WBH's Executive Committee and Quality Improvement Committee

[Audit procedures-see attached](#)

[Audit Letter](#)

[Steps to Prepare for Audit](#)

[Audit Instrument](#)

.