What is Contract Compliance Monitoring?

How Do I Prepare?

Contracts and Compliance Division

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What is Compliance Contract Monitoring?

“The process of verifying, through examination, observation and documentation, the quality of services and compliance to contract language, State and federal laws, and SAPC, Department of Public Health (DPH), and Los Angeles County policies and procedures”

• To improve service provider performance through technical assistance.
• Prepare and support service provider’s ability to achieve and maintain SAPC contract compliance.

SAPC Service Provider Manual, 3.0 – page 172-175
• Staff includes Contract Program Auditors, Supervisor, and Managers

• Subject matter experts on regulations and program requirements

• Ensure understanding and adherence to all relevant regulations, laws, and policies

• Conduct periodic monitoring and collaborate to resolve corrective action plans (CAPs), including DHCS

• Your partner to ensure appropriate and effective care to patients
What standards regulate SAPC Contracts and MOUs?

- SAPC Contracts, Amendments, Bulletins & Service Provider Manual
- Local, State, and Federal Guidelines
- California Code of Regulations Title 9
- California Code of Regulations Title 22
- CFR Title 42, Part 438
- Federal Office of Management and Budget (OMB) Circulars
- County Fiscal Manual
- Auditor-Controller’s Contract Accounting and Administration Handbook
- Occupational Safety & Health Administration (OSHA)/ Cal/OSHA
The Role of the Contract Program Auditor (CPA)

• Monitor for contract and regulatory compliance
• Provides technical assistance to agency
• Conducts compliance reviews
  ✓ Administrative
  ✓ Service/Programmatic reviews
  ✓ Invoice reviews
• Participates in Post Service Post Payment (PSPP) State Audit Process
• Facilitates communication between the service provider and SAPC
Compliance Monitoring Reviews for 2018-2019

All contracts (DMC, DUI, PC1000, Prevention) will have two (2) Compliance Monitoring Site Visits

1st Review by December 31, 2018
2nd Review focused on CAP by May 31, 2019

Scheduling:
Visits may be announced or unannounced depending on nature of visit.
What will be reviewed?

1. Administrative
2. Service/Programmatic
3. Billing Review
4. Facility
The Transition to SAGE

• Required documents will be uploaded into SAGE.
• Document verification is necessary for contract compliance.
• CPAs will request documents that cannot be located on SAGE.
• Datamining to conduct more efficient and focused review.

- Signed Treatment Plans
- Health Questionnaire
- Proof of Physical Exam
- Patient Handbook Acknowledgement
- Confidentiality/Release of Information
- Consent for Treatment Forms (Treatment, Sharing Information, Follow-up)
- Acknowledgement Forms (Privacy Practices, Patient Rights, Non Discrimination, MAT offering, HIV Information, TB information, HEP and sexually transmitted diseases.)
- Complaint/Grievance Procedures and Appeal Process Acknowledgement.
- And other required documents for special populations (minors/youth, perinatal, NTP, etc.)
Entrance Conference

1. Key Staff (E.D., Program Director, Key Program staff) and CPA.

1. Key staff who have access to administrative, personnel and patient/beneficiary files.
1. Administrative Review – Annually Updated Documentation

LICENCES AND CERTIFICATIONS
Professional License, Permit, Registrations, Accreditations
• Business
• State AOD Site
• State DMC Site
• LPHAs and Counselors
• Medical Doctor
• Opioid Treatment Certification (NTP Only)

POLICIES
• Any new or updated agency policies

INSURANCE
• Certificate of Insurance
• Letter of Endorsement

BUSINESS DOCUMENTS – Updates
• Board of Directors Rosters
• Last 4 Board Meeting Minutes
• Current List of Funding
• Current Staff Roster
• Organizational Chart
• Leases
• Subcontractors

* Submit to SAPC only the administrative documents that have changed or have been amended.
Administrative Review: **NEW REQUIREMENTS**

- **Field Based Services Approval:** FBS must be linked to the contracted DMC-certified agency and approved by SAPC. (SAPC Service Provider Manual)

- **Medication Assisted Treatment (MAT) Service Delivery Policy:** policy includes how the program informs clients and educates staff about MAT... policy also includes the assessment of a client's MAT needs, administration and storage of medications, and training of staff. (SAPC Service Provider Manual 3.0, page 83)

- **Staff Training and Development List:** Minimum 24 hours of training (Must include: [Trafficking Victims Protection Act 2000](#); [Motivational Interviewing](#); [Cognitive Behavioral Therapy](#); [ASAM; National Standards for (CLAS) Culturally and Linguistically Appropriate Services](#). (SAPC Service Provider Manual)

- **Medical Policies and Standards:** Medical Director's responsibilities ... develop and implement medical policies and standards for the provider. (CCR), Title 22 § 51341.1
Administrative Review: **NEW REQUIREMENTS**

• **Grievance and Complaint Policy:** The grievance system. Each Managed Care Organizations (MCO) must have a system in place for enrollees that includes a grievance process, an appeal process, and access to the State’s fair hearing system.

  (Centers for Medicare & Medicaid Services HHS §438.402)

• **HIV/AIDS – Hepatitis A, B, & C Education and Training:** Agency has designated (A) HIV/AIDS - (B) Hepatitis A, B, & C Resource Person that conducts activities as specified in contract.
  
  • Makes available to participants and employees locations for (A) HIV/AIDS - (B) Hepatitis A, B, & C testing & treatment in Los Angeles County.
  
  • Provides easily accessible educational materials on (A) HIV/AIDS - (B) Hepatitis A, B, & C risk and transmission in culturally appropriate format and languages to the populations served at each facility. (SAPC DMC/SUD Contract)
2. Administrative Review – Updated Personnel Files

• Job Description/Duty Statement (If changed)
• Updated Resume (If changed)
• TB Clearance Verification (residential only)
• Performance Reviews
• Timecards Maintained: Accounts for time worked on each contract(s); Signed by employee; Approved/signed by Supervisor
• First AID & CPR Certification (Residential & Youth)
• Current LPHA and SUD Counselor Certification, Registration, or License
• Training Certificates or Verification of Training
Personnel Review: **NEW REQUIREMENTS**

- Agency has a Medical Director, Licensed by the Medical Board of CA or the Osteopathic Medical Board of CA. (and all physician designees) *Title 22*

- Personnel file(s) for Medical Director(s) contain documentation for receiving **five (5) hours of continuing Medical Education** in Addiction Medicine annually. (and all physician designees) *Title 22*

- Treatment site has a **DMC Medical Director** that has been **approved by the California Department of Health Care Services (DHCS)** by submitting Form 6010. (and all physician designees) *SAPC Service Provider Manual*

- The **Medical Director, or their physician designee**, must be **on site for at least two (2) hours per month, each site. SAPC Service Provider Manual**
Personnel Review: **NEW REQUIREMENTS**

- **Electronic Signature Certification** and signed **Electronic Signature Agreements on file. MEMO: Electronic Signatures in Electronic Health Records - May 14, 2014**

- **LPHAs (Licensed Practitioner of the Healing Arts)** shall receive a minimum of five (5) hours of continuing education related to **addiction every two (2) years.** Includes Physician • Nurse Practitioner • Physician Assistant • Registered Nurse • Registered Pharmacist • Licensed Clinical Psychologist • Licensed Clinical Social Worker • Licensed Professional Clinical Counselor • Licensed Marriage and Family Therapist • Licensed-Eligible LPHA: Working under the supervision of a licensed clinician. *SAPC Service Provider Manual*
2. Programmatic Review: Patient Charts

- Admission Form
- ASAM
- Diagnosis Form
- Eligibility Form
- Authorization/ReAuthorization
- Treatment Plans/Updates/Reviews
- Progress Notes/Misc. Notes
- LACPRS/Cal-OMS
- Discharge/Transfer Forms
- Health Questionnaire
- Proof of Physical Exam
- Patient Handbook Acknowledgement
- Confidentiality/Release of Information
- Consent for Treatment Forms (Treatment, Sharing Information, Follow-up)
- Acknowledgement Forms (Privacy Practices, Patient Rights, Non Discrimination, MAT offering, HIV Information, TB information, HEP and sexually transmitted diseases.)
- Complaint/Grievance Procedures and Appeal Process Acknowledgement.
- And other required documents for special populations (minors/youth, perinatal, NTP, etc.)
3. Billing Review

- Billing is reviewed and verified.
- Review of treatment plans, progress and misc. notes and sign-in sheets for verification.

A complete financial audit by LA County CEO Office will be conducted.

SAPC Service Provider Manual, 3.0. Page 175-185
4. Facility Review

- Appropriate use of space
- Cleanliness and pest free
- Heating and air circulation
- Lighting, safe and in good repair
- Wheelchair accessible (Describe where accessible in Comments section)
- Location same as contract or approved by SAPC
- Facility access by persons not participating in services are limited and monitored
- Compliant with confidentiality regulations (e.g. locked file cabinets, private counseling room, client confidentiality)
- Facility sleeping, bathing, and eating areas meet all State and County requirements for safety and security
4. Facility Review... Continued

Postings
• Environmental Warning Sign (Smoking) within 20 feet of all facility main entrances, exits, and operable windows
• Employee Notifications
• Grievance and Complaint Procedures in appropriate languages that reflect populations served
• Safely Surrendered Baby Law
• Emergency /Earthquake Procedures
• Licenses/Certification (i.e. DMC, AOD, RS, DUI, fire clearance, etc.)
• Notices regarding Fair Labor Standards Act
• Code of Conduct is posted public area that is available to patients
• Other related postings: calendar of group counseling sessions (DMC); dietary menu(RS); etc.
Other Review Requirements

• Patient Interviews
• Activity Observations

**Exit Conference**

• The SAPC CPA will conduct a discussion with agency management and key personnel to discuss issues and discrepancies found during the review.

• CPA will provide technical assistance to the agency to improve compliance and address discrepancies.
The Review Report & Corrective Action Plan (CAP)

- CPA will compile a review report and the agency will develop a Corrective Action Plan (CAP) that addresses deficiencies and issues revealed during the review process.

- The agency will provide a written response to the CAP utilizing SMART (Specific, Measurable, Achievable, Results-focused and Timely) goals to address each finding.

- The 2nd site review is a follow-up on the CAP.
Deficiencies vs. Disallowances

“Deficiencies” are cited when an agency is non-compliant to federal, State, and County regulations, standards, provisions, and practices.

“Disallowances” are a type of deficiency that results in taking back funds for a particular service/activity. This occurs when there is insufficient evidence or documentation that a service/activity took place or met the requirement.

Both require that agencies complete and submit a Corrective Action Plan (CAP), using the template found on the SAPC website.
State Drug Medi-Cal Post Service Post Payment (PSPP) Unit Review

- Periodic review
- SAPC’s Role
  - CPA attend exit conference
  - Review and approve PSPP CAP
  - Confirm CAP changes
  - Report to State PSPP that CAP issues were properly addressed.
Other Types of Monitoring

- Grievances & Complaints
  – From multiple sources
- Augmentation Requests as a result of data patterns
- Fiscal Audits
When in Doubt...

• Consult the SAPC Service Provider Manual and other regulatory documents.
• Contact your Contract Program Auditor
Questions/Answers

For any questions that we are unable to answer today:

1. Use the enclosed index card to compose your question(s).
2. Include your name and agency; give to a SAPC staff member.
3. Your assigned CPA will answer these questions for you.