Compliance & Oversite

- Contract Review and Audit Requirements
  - Requirements and Administrative Scope of Work
- Audits
  - External Quality Review Organization
  - Triennial Audit
  - Chart Reviews
  - MHSA

RQMC Required Verification Submitted Monthly for Administrative Reimbursement
Reimbursed Quarterly and Not to Exceed $1,235,000.00

Compliance Area	Requirement Details/ Expectations of Org	Report/Audit Frequency
ASO Quality Assurance and Utilization Review Reimbursement Fiscal audit requirements	SMHS/MHSA/Indigent services invoices Back up documentation including: • Several Cost Allocation Worksheets separated by Youth and Adult, and by Medi-Cal, MHSA, Indigent • Detailed GL • Perpetual time studies, Wage Worksheet and Activity Statements • Units of Services worksheet	Monthly and Quarterly invoicing & reports Annual cost settlement & cost audit

Mendocino County Contracts
Additional Requirements and Admin Scope of Work for RQMC

Compliance Area	Requirement Details/ Expectations of Org	Report/Audit Frequency
Contractor performance & compliance monitoring	Performance monitoring activities throughout operations. These activities shall include, but are not limited to: • client system outcomes • utilization management • utilization review • subcontractor appeals • credentialing, and monitoring • assistance in the resolution of client grievances	Reporting required monthly, quarterly, semi-annual & annual Annual year-end report/ data compliance audit
Yearly EQRO Audit of Compliance for: • Timely access • Service delivery in a culturally competent manner • Coordination of care in SMHS delivery • EPSDT POS • Appropriateness • Cost-effectiveness • Access • Quality • Outcomes	Provide all requested information and data to complete the EQR requirements Data collected/ reported: a. Service delivery capacity b. Service delivery system and meaningful clinical issues c. Service accessibility d. Continuity of care and coordination of care e. Beneficiary satisfaction	Monthly reporting Annual participation in EQRO process
Cultural Competence	Annual cultural competence plan that includes, but is not limited to the following: 1. commitment to cultural competence criterion 2. updated assessment of service needs criterion 3. strategies and efforts for reducing racial, ethnic, cultural, and linguistic mental health disparities criterion 4. client/family member/community committee: integration of the committee within the county mental health system criterion 5. culturally competent training activities criterion	Updated plan – Annually Final report – Annually Annual year-end report/ data compliance audit

	6. commitment to growing a multicultural workforce: hiring and retaining culturally and linguistically competent staff criterion 7. language capacity criterion 8: adaptation of services 8. Implementation of policies and practices that are related to promoting diversity and cultural competence. 9. Collection of client cultural demographic information, including race, ethnicity, primary language, gender and sexual orientation	
Training	• Documentation of training for all staff • Evidence of completed training • Training Plan • Training curriculum • Tracking mechanisms (e.g., log) to verify completed training	Updated plan – Annually Final report – Annually Annual year-end report/ data compliance audit
Quality assurance & compliance monitoring	Develop Quality Assessment Plan/program which defines the structure and operational processes, assigns responsibility to appropriate individuals, and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) of improvement.	Updated plan – Annually Final report – Annually Annual year-end report/ data compliance audit
	Track underutilization of services and overutilization of services.	Monthly reports and review of data on the underutilization and overutilization of services. Annual year-end report/ data compliance audit
	Participate in county identified continuous performance improvement projects/meetings	Monthly participation in the following: • Quality Improvement/Quality Management • Behavioral Health Advisory Board (BHAB) Utilization Management • ASO Care • Coordination • Quality Improvement Committee/QAPI

	Complete a minimum of two (2) Performance Improvement Projects (PIP) each fiscal year, one (1) clinical and one (1) non-clinical.	Monthly reports and performance data
		Annual year-end report/ compliance audit
	Complete the Quality Improvement Work Plan and Quality Improvement Work Plan Evaluation	Annual
Compliance Area	**Requirement Details/ Expectations of Org**	**Report/Audit Frequency**
Personnel Screening/ Audit Requirements	Verification/screens for the following: 1. Office of Inspector General Excluded Individuals List (OIG/LEIE) 2. Medi-Cal Suspended and Ineligible list 3. Excluded Parties List System (EPLS) 4. Social Security Death Master List 5. Verification of licensure without restrictions 6. National plan and subcontractor Enumeration System (NPPEp)	Ongoing checks and reporting to County for Time of Hire and Monthly thereafter; all employees
Consumer Perception Survey data	Administration/ collection of consumer satisfaction surveys	2x/annually

Mendocino County and State MHSA Contract
Audit and Compliance Requirements for RQMC

Compliance Area	Requirement Details/ Expectations of Org	Reporting/Audit Frequency
FSP data requirements	Completion of any required State instruments, maintenance according to State guidelines, and reporting using State processes. Data collection and reporting requirements can include, but is not to be limited to: a. Client satisfaction b. Residential status c. Medical/psychiatric hospitalization d. Incarceration e. Justice System Involvement / legal events f. Emergency Intervention g. Education h. Employment i. Benefits j. Conservatorship/ Payee Status	Quarterly, semi-annually, and annual reporting Annual year-end report/ data compliance audit
CSS programs data requirements	Quarterly CSS Demographic Reports for all CSS programs. Monthly CSS FSP reports and outcome data	Quarterly reports Annual year-end report/ data compliance audit

PEI programs data requirements	Number of unduplicated clients and/or family members serv demographic information including, but not limited to:
	    a. Age
	    b. Race
	    c. Ethnicity
	    d. Gender assigned at birth
	    e. Gender identity
	    f. Primary language used in home
	    g. Sexual orientation
	    h. Veteran's Status
	    i. Disability- which is not a result of severe mental illness, includes physical, communication, health, or mental not limited to a learning, or developmental disability)
	    j. Number of respondents who refuse to answer any of the categories
	    k. Description of culturally responsive considerations.
		Quarterly report
		
		Annual year-end report/ data compliance audit

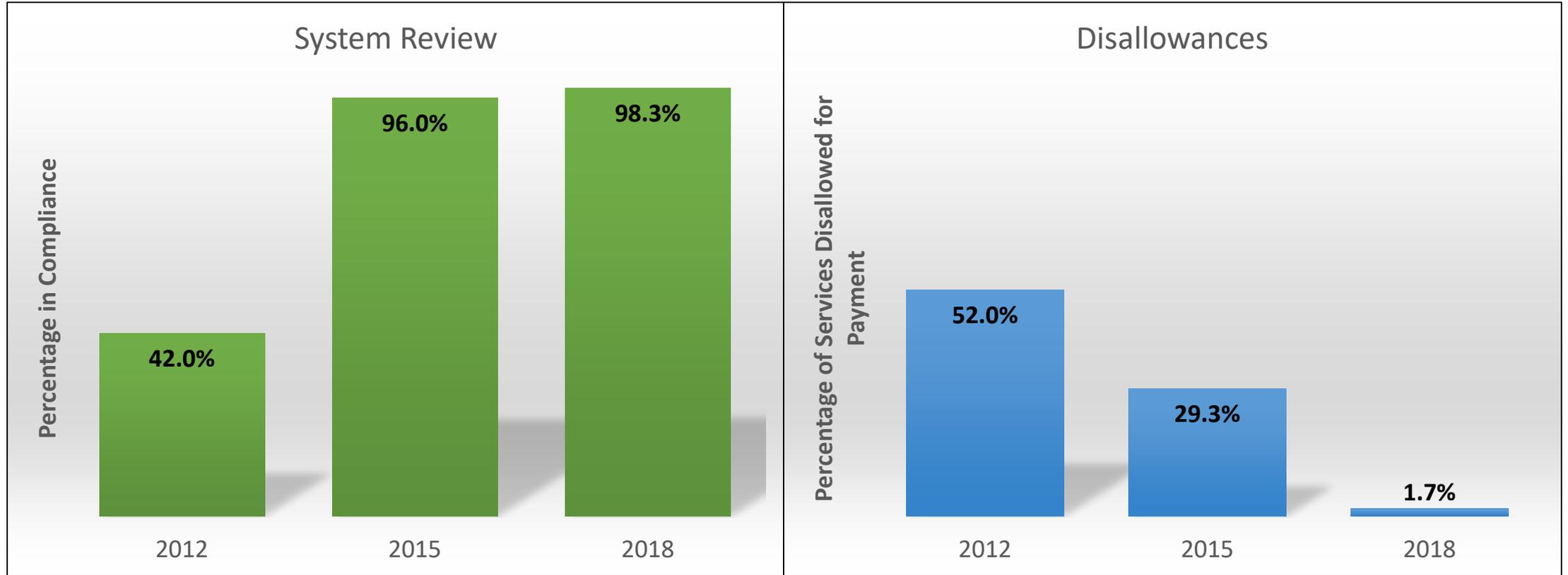|		
	l. Description of any changes made in the program from beginning of year to end. m. Description of any evidence-based practice, Promising Practice, or Community based practices that were used. n. Outcomes and indicators: approaches used to select specific indicators, and changes in outcomes and indicators as attributed to service delivery, including how often the data is collected and analyzed. o. An analysis of the strengths and challenges experienced by meeting prevention goals in the preceding year, which shall include a narrative of anecdotal information, with concrete examples or quotes from participants, peer volunteers, and service providers that may be used to show effectiveness, and/or improve services.	
Stigma/Reduction programs data requirements	Document/report – • the number of individuals reached, • demographic information for individuals served, • which attitudes/beliefs/perceptions they aim to change, • the target population, • strategies and methods used to effect change, • any measurement of change in attitudes/ beliefs/perceptions • Strategies to avoid stigma. • Description of any measured or anecdotal impact on community changes in attitude or behavior. • Description of how the program reduced the negative attitudes, feelings, beliefs, perception, stereotypes, and/or discrimination related to having a mental illness. • Average duration of untreated mental illness measured by the interval between referral and engagement in treatment. • Number of unique services provided to each client and/or family member. • Description of ways the org encouraged access to services and followed through on referrals. • Strategies employed to promote access for the underserved population	Quarterly report Annual year-end report/ data compliance audit
Financial Compliance & Audit	Maintain books, records, documents, and other evidence, accounting procedures and practices, sufficient to properly support all direct and indirect costs, including any matching costs and expenses Participates in the completion of:	Monthly invoice for all allowable direct and indirect costs

	• Revenue and Expenditure Report (RER) • Annual Mental Health Services Act Revenue and Expenditure Report	Yearly MHSA County financial audit Triennial MHSA State audit, aligned with Medi-cal triennial audit timelines
	Invoice spreadsheet reporting: • PEI and CSS expenditures by Provider with services categorized by Adult and Children • MHSA Flex Fund expenditures by Provider with services categorized by Adult and Children. • MHSA Expenditure reports • Final end of year MHSA Expenditures Reports	Quarterly & End of Year annual report and audit
	Triennial MHSA State audit - comprehensive review of all services, expenditures, outcomes, reports, and back-up data for allocated MHSA funds in alignment with state guidelines and 3-year MHSA county plan	Triennial aligned with Medi-cal triennial audit timelines
MHSA Claims Administration	RQMC reviews providers statements. RQM then cuts a check to the provider and creates a single invoice from the monthly provider statements. RQM then submits the invoice to the county for review and payment	Completed Monthly

State and Mendocino County Contracts with MHPs for Medi-cal Mental Health Services
Audit and Compliance Requirements for RQMC

Compliance Area	Requirement Details/ Expectations of Org	Reporting/Audit Frequency

Utilization Data Collection	Providing data separated by Adult Services (18+), Children's Services (0-17), and Foster Care in the following categories:
	  a. Timeliness of initial request to first offered appointment
	  b. Timeliness of initial request to first kept appointment
	  c. Timeliness of service request for urgent appointment to actual encounter
	  d. Timeliness of follow-up encounters post-psychiatric inpatient discharge
	  e. Psychiatric readmission rates within 30 days
	  f. Psychiatrist and clinician no-show rates
	  g. Access to after-hours care
	  h. Responsiveness of the crisis number
		Reporting required monthly, quarterly, semi-annual & annual
		
		Annual year-end report/ data compliance audit

Utilization Management	Monitoring the number, type, and geographic distribution of mental health services.	Monthly reporting Annual year-end report/ data compliance audit
	Track patterns, trends, outlier data, and monitor post care outcomes to assess effectiveness of care and services	Monthly reporting Annual year-end report/ data compliance audit
	participate in County Utilization Management meetings and provide to all requested information and data for each meeting.	Monthly

	Monitor and measure System Performance on a monthly basis to include, but not be limited to, the following:
	  a. Inpatient hospitalizations
	  b. Crisis services
	  c. Timely access to outpatient and psychiatric services
	  d. No shows
	  e. Client outcomes
	  f. Client satisfaction
		Monthly reporting
		
		Annual year-end report/ data compliance audit

	Participates in clinical chart audits, treatment authorization audits, and billing audits	Monthly

		Annual year-end report/ compliance audit
Outcome Monitoring/Data	Data/outcome tracking and reporting from all required measures: • Adult Needs and Strengths Assessment (ANSA) • Child Assessment of Needs and Strengths 50 (CANS-50) • Pediatric Symptom Checklist (PSC-35)	Collected at the beginning of treatment, every six months following the first administration, and at the end of treatment Reported monthly, quarterly, semi-annually and annually Annual year-end report/ data compliance audit
Medi-cal Contract – Service Audit Requirements	Participates in Medi-Cal Site certification and System Reviews Ensure compliance with all federal, State and County requirements, including compliance with documentation requirements for Medi-Cal reimbursable services.	Initial and Triennial re - certifications
	Participates in Medi-cal Audit for service compliance and disallowance - comprehensive review of all services, expenditures, outcomes, reports, and back-up data for billed Medi-cal funds in alignment with state guidelines Participates in full client chart audit to ensure all Medi-Cal/Medicaid requirements are met for units of service billed	Monthly Outpatient Chart Reviews Yearly County Medi-cal chart audit Triennial State DHCS audit
Medi-Cal Claims Administration	Reviews contracted provider EDI statement and backup for any issues or discrepancies. RQM issues a check to provider and gets a paid claim cert signed. RQM then creates an invoice from all of the provider EDI statements. RQM submits the invoice along with providers statement, pcc, detailed backup and EDI text file. Those documents are submitted to the county for review and payment	EDI processing and reconciliation completed weekly
Indigent Claims Administration	RQMC reviews providers statements. RQM then cuts a check to the provider and creates a single invoice from the monthly provider statements. RQM then submits the invoice to the county for review and payment	Completed monthly

Mendocino County BHRS - Quality Assurance Audit Schedule FY 2019 - 2020

Date of Audit *	Period being audited	Audit Type	Providers	Fiscal List /Notice Due to ASO
7/22/2019	9/1/2018 through 11/30/2018	Medication Chart Audit	RQMC 15 adult, 5 youth	N/A -Mark Yap
10/7/2019	12/1/2019 through 2/30/2019	Medication Chart Audit	RQMC 15 adult, 5 youth	N/A -Mark Yap
12/9/2019	7/1/2019 through 9/30/2019	SUDT Chart Audit	BHRS 3% Open Charts	11/18/2019
1/13/2020	4/1/2019 through 6/30/2019	Medication Chart Audit	RQMC 15 adult, 5 youth	N/A -Mark Yap
1/20/2020	7/1/2019 through 9/30/2019	Crisis Audit	RC3, 5% of Crisis	12/30/2019
2/17/2020	4/1/2019 through 6/30/2019	Outpatient Chart Audit	All Providers 3% Open Charts	1/27/2020
3/30/2020	10/1/2019 through 12/31/2019	SUDT Chart Audit	BHRS 3% Open Charts	3/9/2020
4/13/2019	9/1/2019 through 11/30/2019	Medication Chart Audit	RQMC 15 adult, 5 youth	N/A -Mark Yap
4/20/2019	9/1/2019 through 11/30/2019	Outpatient Chart Audit	All Providers 3% Open Charts	3/30/2020

Medication Chart Audit: Conducted by contracted pharmacist, approximately 5% of medication charts from RQMC will be reviewed each quarter.
FY 19-20 Estamated Numbers: 15 adult charts and 5 youth charts will be reviewed quarterly.
Exym will be used for the Medication audit, and Med Rooms will be visited yearly.

Outpatient Chart Audit: At least 15 business days prior to the audit, 3% of Outpatient chart client numbers will provided to RQMC, twice a year.
FY 19-20 Estamated Numbers: 21 Adult Charts, 6 Children charts per audit, twice a year.

Crisis Audits: At least 15 business days prior to the audit, 5% at Crisis Services over the refrenced quarter will be reviewed for the year
FY 19-20 Estamated Numbers: 12 Adult Charts, 6 Children charts per audit, once a year.

SUDT Chart Audits: At least 15 business days prior to the audit, 3% of SUDT chart client numbers will provided to BHRS SUDT, twice a year.
FY 19-20 Estamated Numbers: 10 SUDT Charts per audit, twice a year

*The charts are due at 8am the 1st day of the Audit. (1120 S. Dora St. Ukiah)