DAUPHIN COUNTY MH/ID PROGRAM
POLICY AND PROCEDURE

Department:  
_____ MH  Policy No. 11-01
_____ ID
_____ EI
X  Admin
X  Crisis  Effective Date 6-1-11
Revision Date

Title: Medicaid Compliance Plan

Policy: The Dauphin County MH/ID Program will designate a Compliance Officer and adhere to the Program’s compliance plan to assure that Crisis Intervention services are delivered in accordance with all applicable state, federal, and local regulations and contractual requirements.

Definitions:

Compliance Officer: The MH/ID Administrator is the agency’s Compliance Officer and shall be responsible to assure that the Program is in compliance with all pertinent regulations and contractual requirements, and shall make appropriate reports to the MH/ID Advisory Board, the Human Services Director, and the Board of Commissioners.

Compliance Committee: The Program’s compliance committee is responsible to conduct internal program reviews, review records, hold regular meetings, and fulfill all compliance oversight activities. The Compliance Committee shall be comprised of at a minimum, the MH/ID Administrator, Crisis Program Director, Crisis Intervention Supervisor, MH/ID Fiscal Officer, and the MH Quality Assurance staff person.

Clinical Record: The Crisis Intervention individual case file.

Crisis Record Reviewer: Crisis Supervisory staff serves as Crisis record reviewers for documentation and billing accuracy and compliance.
Procedure:

1) The Compliance Committee shall meet on at least a quarterly basis, or more frequently as may be necessary to oversee corrective actions or required policy changes.
   A. The Corporate Compliance Officer shall oversee the Program’s plan, convene Compliance Committee meetings, and be responsible for all external communication regarding any issues related to fraud, waste, abuse, or compliance issues.
   B. The MH/ID Fiscal Officer and the MH Quality Assurance Specialist shall conduct internal claims testing, and assure that proper documentation exists in the Clinical Record for billed services. They will also review the Crisis Program’s internal controls used for validating billed services.
   C. The Crisis Program Director shall be responsible to develop and implement any corrective action plans that may be required. The Crisis Program Director and the Crisis Supervisory staff are responsible to assure the day-to-day operations of service delivery, documentation, and billings are completed in compliance with all applicable regulations, bulletins, and contractual requirements.
   D. The MH Quality Assurance Specialist shall be responsible to document the Compliance Committee meetings and record all meeting minutes.

2) Billing and Claim Compliance: The program’s operations and billing procedures are governed by Crisis Intervention policies 03-08, 03-09, and 03-10, as well as CBHNP Provider Info MH03-007 for Crisis Intervention Services. Submission of electronic claims follows established CBHNP and Health Choices requirements. Internal Controls consist of the following procedures:
   A. Crisis staff document and maintain complete consumer records in the Crisis office. This documentation includes, but is not limited to, demographic information, psychosocial history and assessment details, and any health insurance coverage.
   B. For each record, Crisis staff document a detailed narrative for each distinct service that is provided. Then, for each entry, Crisis staff document a Service Record that includes Date of Service, Staff Number, Type of Service, Duration of Service and Location of Service.
   C. For each contact or record, Crisis staff also verifies eligibility of Medical Assistance coverage via the PROMlse internet site maintained by DPW. A hardcopy of each PROMlse inquiry is then attached to each record.
   D. Prior to closing each Crisis record, all documentation is reviewed for accuracy. If it is determined that a consumer is active with Medical Assistance Fee For Service or CBHNP, the reviewer verifies which services are billable under guidelines established by DPW and CBHNP. Under these guidelines, Crisis Intervention is able to submit claims for the following services: Telephone Crisis Service, Walk-in Crisis Service, Mobile Crisis Service (Individual and Team) and Travel Time (Individual and Team).
E. Once the reviewer ensures which documented services are able to be submitted as claims to MA FFS, or CBHNP, the appropriate coding is added to the Crisis Service Record. During this process, the reviewer compares the documented narrative with the corresponding Service Record to ensure that only those services which are compensable and meet the billing guidelines are submitted for reimbursement.

F. Once this process is completed by the reviewer, all documentation is entered into a computer database in order to process electronic billing claims.

3) Comprehensive Regulatory Compliance: The Crisis Intervention Program is reviewed annually by OMHSAS in order to maintain the Programs’ status as a certified provider. The program assures and demonstrates comprehensive regulatory compliance as part of that review.

4) Contractual Compliance: The Crisis Program is credentialed by CBHNP and complies with all CBHNP contractual requirements as verified by CBHNP reviews.

5) Corporate fiscal and ethical conduct:

A. All employees are oriented to and sign statements that they have been apprised of the County Of Dauphin County’s Personnel Policies addressing matters including but not limited to: Confidentiality, Statement of Ethics, Job Duties, Professional Conduct, Fraud Detection and Prevention Policy, and Standards Of Conduct.

B. The MI/ID Crisis Intervention Program includes billing procedures and ethics instruction as part of the orientation and initial training for all new crisis staff. In addition, refresher bi-annual trainings occur to reinforce corporate compliance requirements.

6) Conflict of interest disclosure and resolution: OMHSAS requires a conflict of interest pledge as part of licensure regulations for CI programs.

_The Dauphin County Crisis Intervention Program has provided emergency mental health services to persons in Dauphin County for over 30 years. Historically and at the present time, the Program does not provide services other than those related to responding to and handling psychosocial emergencies. Further, while the Program refers to a wide range of other service providers, the Dauphin County Crisis Intervention Program maintains no direct or indirect management oversight or financial interest in any other program._

This statement is signed by the MH/ID Administrator on behalf of the Crisis Intervention program.
7) Employee Conduct: All CI employees receive instruction in the conduct expected of professional staff. These standards are in accordance with the County of Dauphin’s Policy, State Civil Service policies, and the PSSU Labor Agreement. In addition, staff also receives training in the NASW code of ethics. Employees are notified that any violation of the code of conduct policy could result in immediate disciplinary action, including suspension or dismissal. Employees are also advised that depending on the type of infraction, criminal charges may also be filed.

8) Privacy and Patient Rights Violations: The program adheres to established Dauphin County HIPAA guidelines and also the confidentiality and patients’ rights and regulations of the Mental Health Procedures Act per PA CODE, Title 55, Chapter 5100.

9) External Survey: On an annual basis, OMHSAS conducts an on-site licensure inspection to ensure the program’s compliance with mandated standards of Crisis Intervention services per OMH Bulletin 93-10. As needed corrective action plans would be developed and completed if an external review or compliance review would require a corrective action plan.