



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 4, POLICY 006

PROHIBITED AFFILIATIONS AND SANCTION SCREENINGS

- A. PURPOSE:** To ensure Yolo County Health and Human Services Agency (HHS) program compliance with the federal and state requirement that HHS programs may not knowingly have any prohibited relationships or affiliations including those with individuals and entities excluded from participation in federal or state health care programs. HHS shall not use any federal or state health care funds to pay any ineligible person/entity.
- B. DEFINITIONS:**
1. **Sanction Screening:** The process of searching and verifying state and federal databases, including but not limited to: the OIG List of Excluded Individuals/Entities (LEIE), the Medi-Cal Suspended and Ineligible Provider List (S & I List); the System for Award Management (SAM); the National Plan and Provider Enumeration System (NPPES); National Practitioner Data Bank and the Social Security Death Master Index (SSDI/DMF) to ensure individuals and entities have not been sanctioned, excluded, or banned from providing certain services to a designated population or to various branches of government. Screening individuals and entities is a method to ensure compliance with state and federal requirements. *List of Mandatory and Permissive Federal Health Care Program Exclusions* [HHS Attachment 5-4-006A/5-4-006A] is a list of possible infractions that would result in a person or entity being sanctioned, excluded, or banned.
 2. **Federal and State Funded Health Care Programs:** Federal and state funded health care programs include Medicare, Medicaid and all other plans/programs that provide health benefits funded directly or indirectly by the United States government or a state health care plan (other than Federal Employees Health Benefit Program.) This includes Yolo County Mental Health Plan (MHP) and the Yolo County Drug Medi-Cal Organized Delivery System (DMC-ODS).
 3. **Ineligible Person/Entity:** An ineligible person/entity is one that meets one or more of the following conditions:
 - a. Is currently excluded from participating in procurement activities, for example, staff who maintain a County credit card through the CalCard program, under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations and subsequent guidelines issued under Executive Order No. 12549.
 - b. Is an affiliate of a person described in section 2.a. For this purpose, an affiliate is defined as an individual or entity if (1) one directly or indirectly controls or can control the other; or (2) a third-party control or can control both. (48 C.F.R §2.101.)
 - c. Is excluded from participation in federal health care programs (as defined in section 1128B(f) of

the Social Security Act) under either Section 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act.

- d.** Is otherwise ineligible to participate in federal or state health care programs; or
 - e.** Has been convicted of a criminal offense related to conduct that would or could trigger an exclusion under Title 42 of the U.S. Code 1320a-7, including criminal offenses related to the delivery of health care items or services, but has not yet been excluded, debarred, suspended or otherwise declared ineligible.
- 4. Prohibited Relationships/Affiliations:** HHSA may not knowingly have any of the following relationships/affiliations with an ineligible person/entity:
- a.** a director, officer, or partner of HHSA;
 - b.** a subcontractor;
 - c.** a network provider;
 - d.** a person with an employment, consulting or other arrangement with HHSA for the provision of items and services that are significant and material to the HHSA's obligations under its contracts with the State for the provision of behavioral health services, including services under the Yolo County Mental Health Plan and the Yolo County Drug Medi-Cal Organized Delivery System Contracts.
- 5. Medi-Cal Suspended and Ineligible Provider List (S & I List):** A list maintained and updated monthly by the Department of Health Care Services (DHCS) for individuals and entities that have been suspended from Medi-Cal or have been excluded from Medicare or Medicaid by the Office of Inspector General, U.S. Department of Health and Human Services (OIG). Welfare and Institutions Code §§ 14043.6 and 14123, mandate that the DHCS suspend a Medi-Cal provider from participation in the Medi-Cal program when the individual or entity has:
- a.** Violated any provision of California Welfare and Institutions Code, Div. 9., Part 3. Chapter 7 (commencing with section 14000) or Chapter 8 (commencing with section 14200);
 - b.** Been convicted of a felony or a misdemeanor:
 - i.** involving any patient;
 - ii.** involving fraud or abuse of the Medi-Cal program; or
 - iii.** which is otherwise substantially related to the qualifications, functions, or duties of a provider of service.
 - c.** Been excluded, suspended, or debarred from the federal Medicare or Medicaid programs for any reason;
 - d.** Lost or surrendered a license, certificate, or approval to provide health care; or
 - e.** Breached a contractual agreement with the Department that explicitly specifies inclusion on this list as a consequence of the breach.

6. **OIG List of Excluded Individuals/Entities (LEIE):** A list maintained by the OIG. The list provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all other federal health care programs.
7. **System for Award Management (SAM):** The official U.S. Government system that replaced the Excluded Parties List System (EPLS). The General Services Administration (GSA) maintains a list of current open exclusions in SAM. All firms, individuals, special entity designations and vessels that are restricted from doing business with the U.S. Federal Government are on the list.
8. **National Plan and Provider Enumeration System (NPPES):** The system operated by CMS where individuals or organizations apply for a National Provider Identifier (NPI). This system maintains all active NPI records. Health care providers acquire their unique 10-digit NPI to identify themselves in a standard way throughout the health industry. After an NPI is assigned, parts of the NPI record that have public relevance, including the provider's name, specialty (taxonomy) and practice address are published and searchable through the NPI Registry Public Search website.
9. **Social Security Death Master Index (SSDI/DMF):** A computer database file made available by the United States Social Security Administration that contains information about persons who had Social Security numbers and whose deaths were reported to the Social Security Administration from 1962 to the present; or persons who died before 1962, but whose Social Security accounts were still active in 1962. It is also known as the Social Security Death Index (SSDI) or the Death Master File (DMF).
10. **National Practitioner Data Bank (NPDB):** The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. It is a workforce tool that prevents practitioners from moving state to state without disclosure or discovery of previous damaging performance.
11. **HHSA Work Force Members:** For the purpose of this policy, the definition of the HHSA workforce ("workforce member") includes employees, volunteers, consultants, locum tenens providers, interns, trainees, and any other persons whose conduct in the performance of their work is under the control of HHSA; and
 - a. the work performed by the individual is related to the provision of behavioral health care programs funded by a federal or state funded health care program including services under the Yolo County MHP and the Yolo County DMC-ODS; or
 - b. any of the individual's salary, expenses, or fringe benefits is funded by a federal or state funded health care program including funding from the Yolo County MHP and the Yolo County DMC-ODS.
 - c. This includes individuals who provide direct services to clients and those who provide indirect services, like administrative, managerial, fiscal, and/or support services.

12. **HSA Behavioral Health Contracting Agency:** For the purposes of this policy, an HSA behavioral health contracting agency (“BH contracting agency”) refers to any individual, group, hospital, organizational provider/agency, or staffing agency providing temporary staff to HSA (including Locum Tenens agencies), and their employees, contractors, agents, volunteers, interns, trainees, Board members, and owners (with five percent or more ownership interest) when:
- a. the work performed by the contracting agency is related to the provision of behavioral health care services funded by a federal or state funded health care program.; or
 - b. any portion of the contract is funded by a federal or state funded health care program.

C. POLICY:

1. HSA with the assistance of an independent provider, if needed, will confirm the relationship and conduct sanction screenings through routine checks of the S & I List; LEIE; SAM; NPPES; SSDI/DMF; NPDB; and any other databases specified by DHCS as follows:
 - a. For any BH workforce members, routine checks will be completed upon hire and monthly thereafter.
 - b. For BH contracting agencies, routine checks will be completed at the time of contracting and monthly thereafter. SSDI/DMF
2. HSA shall not have a prohibited relationship/affiliation with any individual or agency including employing or contracting with an ineligible person/entity (including those that provide direct patient care services, administrative services, fiscal, and/or management services.)
3. HSA shall not certify any contract agency as a Medi-Cal provider if the agency is an ineligible person/entity.
4. HSA shall not pay any ineligible person/entity.
 - a. Current workforce members who become excluded from participation in federal or state funded health care programs may be subject to termination as their salary is paid, in part or in whole, directly or indirectly, by federal or state health care program funding. It is a job requirement to maintain eligibility to claim for federal or state funded health care programs.
 - b. HSA and BH contract agencies shall be subject to disallowance and repayments if HSA employs or contracts with an ineligible person/entity. All services rendered while the person or entity was ineligible are subject to disallowance. Additionally, the salary and benefits of ineligible person/entity are subject to repayment and they can no longer provide services to Medi-Cal beneficiaries or receive federal or state health care program funds. Employees will not be expected to repay their salary and benefits.

D. PROCEDURES

1. General Requirements:

- a. *Sanction Screenings:* HHSA will review the following databases/list to ensure that no HHSA workforce member or contracting agency (including all relevant staff) is excluded or otherwise ineligible to participate in federal and state behavioral health care programs:

- | | |
|----------------|-------------------------------------------------------------|
| I. S & I List; | V. NPPES; |
| II. LEIE; | VI. SSDI/DMF; |
| III. SAM; | VII. National Practitioner Data Bank |
| | VIII. all applicable California licensing boards |
| | IX. and any other databases which may be specified by DHCS. |

- b. *Use of Independent Contractor:* The County may use, at its discretion, an independent contractor in order to complete the monthly sanction screenings.

c. *Attestation:*

- i. New candidates for County employment or current County employees who have been given a conditional job offer to be a workforce member shall sign a Prohibited Affiliations and Sanction Screenings Acknowledgment and Attestation Form [HHSA Form 5-4-006C/6-4-006C.] Failure to do so may result in a withdrawal of a conditional job offer.
- ii. Prior to contracting with a BH Contracting Agency, HHSA will require that the Contracting Agency attest that all of their workforce members, who participate in the provision of federal and state funded health care programs are eligible to participate in those programs and will provide HHSA QM with the requested supporting documentation to ensure the contracting agency is performing all required checks.

d. *Initial Screening:*

- i. The HHSA Manager or Supervisor in charge of the new hiring decision, will coordinate with HHSA HR to ensure that all sanction screenings are performed prior to a job offer being finalized.
- ii. The HHSA Manager or Supervisor in charge of the Contract shall coordinate with HHSA QM to ensure that the vendor or entity confirmed and provided evidence that all of their vendor entity and vendor personnel screenings were performed prior to completing the Contract Request Form. Once the screenings have been completed, the HHSA Manager or Supervisor will complete the Contract Request Form and provide same to the HHSA Contracts Unit (HHSA Contracts). The HHSA BH Compliance Officer in his or her discretion will determine if the sanction screenings performed by the BH Contracting Agency are adequate.

2. Reporting Requirements

- e. Reporting by HHSA Workforce Members/BH Contracting Agencies: Current HHSA workforce members or BH contracting agencies are required to report to the HHSA Behavioral Health Compliance Officer or HHSA HR within five (5) working days:
 - iii. any change of eligibility status that affects their participation in federal or state funded health care programs;
 - iv. any notification of any adverse action against them by any duly authorized regulatory or enforcement agency.
 - v. Failure to report the above may result in disciplinary action, up to and including termination of employment or contract termination.
- f. Reporting by HHSA: HHSA must report any circumstances that affects a behavioral health network provider's eligibility to participate in the Yolo County Mental Health Plan or Drug-Medical Organized Delivery systems. (See HHSA PP#5-4-016/6-4-016.)

3. Investigation of Positive Sanction Screening Results

- a. HHSA HR will notify the BH Compliance Officer if any HHSA workforce member is found on one of the exclusion databases. The BH Compliance Officer will coordinate with HHSA QM and HHSA Fiscal to ensure that a hold be placed on any claiming by the identified individual or entity. The BH Compliance Officer shall notify the BH workforce member's supervisor, manager, Branch Director, and the HHSA Director or his/her designee.
- b. The BH Compliance Officer shall contact the individual, contractor, or entity in writing and conduct a thorough investigation. During the investigative process, the HHSA workforce member or BH contracting agency shall not be allowed to participate in the provision of behavioral health services, including billing any services to Medi-Cal, Medicare or any other Federal or State Funded Health Care Program until the matter is fully remedied and a final decision has been rendered. HHSA Human Resources will be notified of any positive sanction screening of any HHSA employee or applicant to ensure appropriate actions are taken.
- c. Upon completion of the investigative process, a report shall be prepared within thirty (30) days from the date of the completion of the investigation. The BH Compliance Officer shall submit the report and recommendations to the HHSA Director and the BH Compliance Committee.
- d. HHSA shall not pay any ineligible HHSA workforce member or BH contracting agency with federal or state health care program funding. To ensure adherence with this requirement, BH Compliance Officer shall notify HHSA Fiscal Unit of any HHSA workforce member or BH contract agency that is ineligible, so monies can be withheld as needed.

4. Remediation/Corrective Actions for Positive Sanction Screening Results

- a. The individuals/legal entities that have a positive sanction screening results shall be given fourteen (14) calendar days to respond in writing to the BH Compliance Officer regarding the reasons for being included in the exclusion list.

- b. After the BH Compliance Officer receives the response in writing from the impacted individual/legal entity, the individuals/legal entities shall be allowed sixty (60) calendar days to clear their names from the said exclusion lists.
- c. If the individual is a BH workforce member, they must check-in with HHSA HR and the BH Compliance Officer within the first thirty (30) calendar days of the 60-calendar day clearance period to provide a status of their effort to clear their name from said exclusion list.
- d. In the event that the 60-day period has been exhausted but the impacted individual is able to provide written verification from OIG or other applicable governmental agency that they are still in the process of clearing their name from said exclusion list(s), HHSA HR, in consultation with the HHSA Director, BH Compliance Officer and County HR, may grant authorized leave without pay (may use available leave balances with the exception of sick leave) for a reasonable amount of time for the employee to complete the process of clearing their name from said exclusion list.
- e. During the 14-calendar day response period and 60-calendar day clearance period, the County will take reasonable efforts to place the employee in another position in which they are qualified to safely perform the job duties. If no placement can be made, the employee will be placed on unpaid administrative leave. The employee may use their accrued leave balances, except sick leave, as wage replacement. During the first year this policy is in effect, if no placement can be made, the employee will be placed on paid administrative leave. The County's decision in regard to placing the employee in another position pursuant to this paragraph is not grievable.
- f. If after the 60-day period the individuals/legal entities that have a positive sanction screening results on the excluded list, the BH Compliance Officer will coordinate with:
 - i. HHSA HR regarding notification of the findings, removal, or termination, as appropriate; and
 - ii. HHSA Fiscal regarding the disallowance of claims.
- g. In the event that a BH contracting agency is found to be an ineligible person/entity, the BH Compliance Officer will coordinate with:
 - iii. HHSA Fiscal regarding the disallowance of claims and recoupment of funds;
 - iv. HHSA QM regarding the ineligible person/entity removal from Avatar;
 - v. HHSA Contracts regarding contract termination, as appropriate.
- h. The BH Compliance Officer will report to DHCS, if any claims are disallowed or if there are any circumstances that affect a behavioral health network provider's eligibility to participate in the Yolo County Mental Health Plan or Drug-Medical Organized Delivery systems.

5. Penalties and Sanctions

- a. DHCS has the authority to impose administrative sanctions on the Mental Health Plan and DMC-ODS Plan, such as HHSAs and their BH contracting agencies who are paid with DHCS Medi-Cal funds.
- b. OIG has the authority to impose civil monetary penalties against individuals and entities that violate exclusion of federal health care program payments. Civil monetary penalties are subject to approximately \$20,000 for each item or OIG service furnished by an excluded individual or entity where a claim was submitted for federal program reimbursement. Additionally, the individual/entity may be subject to an assessment of up to three (3) times the amount of each claim. The individual/entity may be subject to program exclusion and denied reinstatement. Lastly, the individual/ entity may be subject to criminal prosecutions or civil actions in addition to the civil monetary penalties for violation of an OIG exclusion.
- c. See HHSAs Attachment 5-4-006B/6-4-006B] Responsibility Chart Re: Prohibited Affiliations and Sanction Screenings for reference.

E. FORMS/ATTACHMENTS:

- 1. *List of Mandatory and Permissive Federal Health Care Program Exclusions*
[HHSAs Attachment 5-4-006A/6-4-006A]
- 2. *Responsibility Chart Re Prohibited Affiliations and Sanction Screenings*
[HHSAs Attachment 5-4-006B/6-4-006B]
- 3. *Prohibited Affiliations and Sanction Screenings Acknowledgment and Attestation Form*
[HHSAs Form 5-4-006C/5-4-006C]

F. REFERENCES

- 1. 42 CFR §§ 1001, 438.214, 438.610, 438.808; 455.436
- 2. DMH Letter 10-05 (September 3, 2010.)
- 3. Office of Inspector General Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs (May 8, 2013.)
- 4. 42 U.S.C. §1320a-7 [Social Security Act, §§ 1128, 1128a and 1156.]
- 5. Cal. Welf. & Inst. Code §§14043.61 & 14123.
- 6. DHCS/MHP Contract, [Exhibit A, Attachment 1, Organization and Administration, Section 2. Prohibited Affiliations; Attachment 3, Financial Requirements, 3. Prohibited Payments; Attachment 13, Program Integrity, 2. Excluded Providers] & [Exhibit E, Attachment 2, Program Terms and Conditions, H. Excluded Providers.]
- 7. DHCS/DMC-ODS Contract, [Exhibit A, Attachment 1, Program Specifications, Section 2. Federal Requirements, (E)(5)(i)(c), (H)(2)(IV)(a) &(H)(6)] & [Exhibit D(F), Section 19.]

Approved by:

May 14 2021

Karen Larsen, Director
Yolo County Health and Human Services Agency

Date

**LIST OF MANDATORY AND PERMISSIVE FEDERAL HEALTH CARE PROGRAM
EXCLUSIONS [HHS ATTACHMENT 5-4-006A/6-4-006A]**

Scope of Authority		
Social Security Act	42 USC §	Amendment
1128	1320a-7	Scope of exclusions imposed by OIG expanded from Medicare and State health care programs to all Federal health care programs, as defined in section 1128B(f)(1).
Mandatory Exclusions		
Social Security Act	42 USC §	Infraction
1128(a)(1)	1320a-7(a)(1)	Conviction of program-related crimes. Minimum Period: 5 yrs.
1128(a)(2)	1320a-7(a)(2)	Conviction relating to patient abuse or neglect. Minimum Period: 5 yrs.
1128(a)(3)	1320a-7(a)(3)	Felony conviction relating to health care fraud. Minimum Period: 5 yrs.
1128(a)(4)	1320a-7(a)(4)	Felony conviction relating to controlled substance. Minimum Period: 5 yrs.
1128(c)(3)(G)(i)	1320a-7(c)(3)(G)(i)	Conviction of second mandatory exclusion offense. Minimum Period: 10 yrs.
1128(c)(3)(G)(ii)	1320a-7(c)(3)(G)(ii)	Conviction of third or more mandatory exclusion offenses. Permanent Exclusion.
Permissive Exclusions		
Social Security Act	42 USC §	Infraction
1128(b)(1)(A)	1320a-7(b)(1)(A)	Misdemeanor conviction relating to health care fraud. Baseline Period: 3 yrs.
1128(b)(1)(B)	1320a-7(b)(1)(B)	Conviction relating to fraud in non-health care programs. Baseline Period: 3 yrs.
1128(b)(2)	1320a-7(b)(2)	Conviction relating to obstruction of an investigation or audit. Baseline Period: 3 yrs.
1128(b)(3)	1320a-7(b)(3)	Misdemeanor conviction relating to controlled substance. Baseline Period: 3 yrs.
1128(b)(4)	1320a-7(b)(4)	License revocation, suspension, or surrender. Minimum Period: Period imposed by the state licensing authority.
1128(b)(5)	1320a-7(b)(5)	Exclusion or suspension under federal or state health care program. Minimum Period: No less than the period imposed by federal or state health care program.
1128(b)(6)	1320a-7(b)(6)	Claims for excessive charges, unnecessary services or services which fail to meet professionally recognized standards of health care, or failure of an HMO to furnish medically necessary services. Minimum Period: 1 yr.
1128(b)(7)	1320a-7(b)(7)	Fraud, kickbacks, and other prohibited activities. Minimum Period: None
1128(b)(8)	1320a-7(b)(8)	Entities controlled by a sanctioned individual. Minimum Period: Same as length of individual's exclusion.
1128(b)(8)(A)	1320a-7(b)(8)(A)	Entities controlled by a family or household member of an excluded individual and where there has been a transfer of ownership/control. Minimum Period: Same as length of individual's exclusion.
1128(b)(9), (10), & (11)	1320a-7(b)(9), (10), & (11)	Failure to disclose required information, supply requested information on subcontractors and suppliers; or supply payment information. Minimum Period: None
1128(b)(12)	1320a-7(b)(12)	Failure to grant immediate access. Minimum Period: None
1128(b)(13)	1320a-7(b)(13)	Failure to take corrective action. Minimum Period: None
1128(b)(14)	1320a-7(b)(14)	Default on health education loan or scholarship obligations. Minimum Period: Until default or obligation has been resolved.
1128(b)(15)	1320a-7(b)(15)	Individuals controlling a sanctioned entity. Minimum Period: Same as length of entity's exclusion.
1128(b)(16)	1320a-7(b)(16)	Making false statement or misrepresentations of material fact. Minimum period: None.
1156	1320c-5	Failure to meet statutory obligations of practitioners and providers to provide medically necessary services meeting professionally recognized standards of health care (Quality Improvement Organization (QIO) findings). Minimum Period: 1 year
Note: except those imposed under section 1128(b)(7) (42 USC 1320a-7b(b)(7)), and those imposed on rural physicians under section 1156 (42 USC 1320C-5), all exclusions are effective prior to a hearing.		

**RESPONSIBILITY CHART FOR PROHIBITED AFFILIATIONS AND SANCTION
SCREENINGS [HHS ATTACHMENT 5-4-006B/6-4-006B]**

Responsible Party	Required Action
HHSA Manager (or Supervisor)/HHSA Primary BH Contract Contact	<ul style="list-style-type: none"> • For Hiring Purposes: <ul style="list-style-type: none"> ○ Makes a conditional job offer ○ Notifies HHSA HR if new hire requires Sanction Screening and/or FBI and DOJ Criminal Background Check (see Credentialing and Practitioner ID Enrollment PP 5-4-018/6-4-018) • For Contracting Purposes: <ul style="list-style-type: none"> ○ Notifies HHSA QM that the BH contracting agency and its staff require sanction screenings. ○ After screenings have been completed, completes a Contract Request Form.
HHSA HR	<ul style="list-style-type: none"> • Provide all candidates for employment for a County HHSA position with the Prohibited Affiliations and Sanction Screenings PP #5-4-006/6-04-006 and Acknowledgment and Attestation Form [HHSA Form 5-4-006C/6-4-006C]; • Maintain a signed copy of <i>Sanction Screening Attestation HHSA Form #5-4-006C/6-4-006C</i> in the HHSA HR Personnel File and provide a copy to HHSA QM at: HHSAQualityManagement@yolocounty.org. • Coordinate with HHSA QM to ensure that HHSA HR performed all sanction screenings prior to a job offer being finalized; including providing HHSA HR with the required personal information needed to complete the screenings. This information can be emailed to HHSA HR at: HHSAQualityManagement@yolocounty.org. • If a prospective HHSA hire or current workforce member is found ineligible, HHSA HR will coordinate with County HR regarding notification, removal, or termination, as appropriate. • Notifies HHSA QM and BH Compliance Officer of fingerprint results • Notifies HHSA QM and BH Compliance Officer of subsequent arrests
County HR	<ul style="list-style-type: none"> • Notifies HHSA HR of fingerprint results • Notifies HHSA HR of subsequent arrests • Assists HHSA HR with job relocation, termination of employment, or rescission of conditional job offer.
HHSA HR	<ul style="list-style-type: none"> • Conduct and maintain proof of initial sanction screenings for potential HHSA workforce members and potential BH contract agencies (vendor entity and vendor personnel.) • Develop and implement a system to capture names and relevant information to conduct ongoing monthly screenings for all HHSA workforce members and BH contracting agencies (vendor entity and vendor personnel.) • Conduct and maintain proof of all sanction screenings for potential and

**RESPONSIBILITY CHART FOR PROHIBITED AFFILIATIONS AND SANCTION
SCREENINGS [HHS ATTACHMENT 5-4-006B/6-4-006B]**

	<p>current HHS workforce members.</p> <ul style="list-style-type: none"> • HHS QM will maintain proof of potential and current BH contract agencies (vendor entity and vendor personnel) sanction screenings as submitted by the BH contract agency. • HHS QM to ensure sanction screenings are conducted prior to certifying or re-certifying a Medi-Cal provider or issuing a Practitioner ID. (See Credentialing and Practitioner ID Enrollment HHS PP 5-4-018/6-4-018) • Coordinate with and respond promptly to County HR, HHS HR, HHS Contracts, HHS BH Compliance Officer, HHS Fiscal or HHS Manager or Supervisor, as needed. • Notify the HHS BH Compliance Officer, HHS Manager or Supervisor, HHS Fiscal, and either HHS HR (for HHS workforce members) or HHS Contracts (for BH contract agencies) when an ineligibility determination is made. • Notify the HHS BH Compliance Officer if a BH Contracting Agency would like to submit other proof of sanction screenings.
HHS Contracts	<ul style="list-style-type: none"> • Receive the Contract Request Forms for BH Contracts and coordinate with HHS QM to ensure initial screenings (vendor entity and vendor personnel) were completed prior to contracting. • Coordinate with HHS QM and confirm that required ongoing sanction screenings (vendor entity and vendor personnel) are up to date prior to finalizing a contract or amendment.
BH Contract Agencies	<ul style="list-style-type: none"> • Sign Attestation regarding Ineligible/Excluded Persons at contract signing. • Prior to contracting, provide HHS QM a list of all appropriate personnel and required details needed to complete initial sanction screenings. • Monthly, provide HHS QM a list of all appropriate personnel who have been screened.
HHS BH Compliance Officer	<ul style="list-style-type: none"> • Review other proof of sanction screenings. • Coordinate with HHS QM and HHS Fiscal to ensure that a hold be placed on any claiming by the identified individual or entity. • Coordinate with HHS BH Behavioral Health Manager or Supervisor re: resulting changes in services to clients. Coordinate with HHS QM re: client notifications (NOABDs), if needed. • Notify the BH workforce member’s supervisor, manager, Branch Director, and the HHS Director or his/her designee. • Notify the individual, contractor, or entity in writing. • Conduct a thorough investigation; prepare an investigation report; and provide the report to the HHS Director and the BH Compliance Committee within thirty (30) days.

**RESPONSIBILITY CHART FOR PROHIBITED AFFILIATIONS AND SANCTION
SCREENINGS [HHS ATTACHMENT 5-4-006B/6-4-006B]**

	<ul style="list-style-type: none"> • Coordinate with HHS HR regarding notification of the findings, removal, or termination, as appropriate. • Coordinate with HHS Fiscal regarding the disallowance of claims. • Coordinate with HHS QM re: the ineligible person/entity removal from Avatar • Coordinate with HHS Contracts regarding contract termination, if needed. • Report any disallowances or any circumstances that affect a behavioral health network provider’s eligibility to participate in the Yolo County Mental Health Plan or Drug-Medical Organized Delivery systems to DHCS.
<p>HHS Workforce Members</p>	<ul style="list-style-type: none"> • Review the Prohibited Affiliations and Sanction Screenings PP #5-4-006/6-04-006 and Acknowledgment and Attestation Form for Behavioral Health Programs [HHS Form 5-4-006C/6-4-006C]; • Maintain eligibility for participation in federal and state health care programs as a condition of employment • Report any change of eligibility status that affects their participation in federal or state funded health care programs; or any notification of any adverse action by any duly authorized regulatory or enforcement agency. • Cooperate with any investigation regarding a positive sanction screening result.

**PROHIBITED AFFILIATIONS AND SANCTION SCREENINGS ACKNOWLEDGMENT
AND ATTESTATION FORM**

[HHSa FORM 5-4-006C/6-4-006C]

I, _____, have read and received a copy of the PROHIBITED AFFILIATIONS AND SANCTION SCREENINGS POLICY (HHSa PP 5-4-006/6-4-006), and understand its contents, and acknowledge my responsibility to adhere to policies and procedures described therein. Refusal to sign does not exempt my compliance with these regulations.

I hereby attest and certify that:

- I am not presently an ineligible person or entity.
- I am not currently, nor have I been, the subject of an investigation by any duly authorized regulatory or enforcement agency.
- I understand that the County will conduct an initial sanction screening to determine my status and if it is determined that I am an ineligible person or entity my offer of employment will be rescinded.
- I understand that during the length of my employment the County will conduct monthly sanction screenings.
- If County obtains potential adverse information about me from the consumer reporting agency, County will provide me with the name and address of the consumer reporting agency, as required by FCRA § 613(1).
- I understand the County may not use the consumer report about me in any way that is a violation of any applicable Federal or State equal employment opportunity laws or regulations.
- The County has provided me with a notice of consumer rights regarding obtaining a consumer report for employment purposes.
- I understand that I am required to report any change of eligibility status that impacts participation in state or federal healthcare programs and any notification of investigation/ adverse action by any duly authorized regulatory or enforcement agency within 5 working days of notification. Failure to do so may result in withdrawal of job offer for potential candidates or disciplinary action, up to and including termination of employment, if a current employee.

_____ PRINTED NAME OF EMPLOYEE/APPLICANT	_____ SIGNATURE	_____ DATE
_____ PRINTED NAME OF HHSa HUMAN RESOURCES PERSONNEL	_____ SIGNATURE	_____ DATE

Copy sent to HHSa QM on _____(date)