

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy and Procedure</i> Debarment, Suspension and Exclusion
Committee/Department: Network Management Committee	Local Policy Number (if used)
Implementation Date 11/10/2021	Regional Approval Date 10/28/2021

Reviewed by:	Recommendation Date:
ROC	09/08/2021
CMH Board:	Approval Date:
Lenawee	10/28/2021
Livingston	10/26/2021
Monroe	10/27/2021
Washtenaw	09/27/2021

I. PURPOSE

To prohibit doing business with any individual or entity that is known to be debarred, excluded or suspended from participation in any Federal funded health care program.

II. REVISION HISTORY

DATE	MODIFICATION
07/19/2017	New policy
10/27/2021	3-year review

III. APPLICATION

This policy applies to all staff and board members of the Community Mental Health Partnership of Southeast Michigan (CMHPSM), all staff and board members of the regional Community Mental Health Service Programs (CMHSPs), all staff, board members and owners (5% ownership stake or greater) of Substance Use Disorder (SUD) Core Service Providers, and owners (5% ownership stake or greater), board members and executive and/or leadership level staff of contracted service entities funded by or through the CMHPSM, partner CMHSPs or Substance Use Disorder Core Providers.

IV. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the Pre-Paid Inpatient Health Plan (PIHP) for Lenawee, Livingston, Monroe and Washtenaw for mental health, intellectual/developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Regional Entity: The entity established under section 204b of the Michigan Mental Health

Code to provide specialty services and supports.

Disclosing Entity: All CMHPSM, partner CMHSPs or SUD Core Service Provider entities sub-contractors and consultants funded with federal dollars (Medicaid, Block Grant, etc.).

V. POLICY

The CMHPSM, its partner CMHSPs and SUD Core Service Providers may only conduct business utilizing federal funding with individuals and/or entities that meet the standards outlined within this policy.

VI. STANDARDS

A. Disclosing Entity Attestation – All CMHPSM, partner CMHSPs or SUD Core Service Providers that contract with federal funding (Medicaid, Block Grant, etc.) must require the following attestations be made applicable to sub-contracted individuals and/or entities within their sub-contracts:

1. Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or PIHP;
2. Have not, within a three-year period preceding the current fiscal year, been convicted of or had a civil judgment rendered against him/her for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in (2) above, and;
4. Have not, within a three-year period preceding the current fiscal year, had one or more public transactions (Federal, State, or local) terminated for cause or default.

B. Identifying Information – The CMHPSM, partner CMHSPs and SUD Core Service Providers, shall obtain the following identifying information from the required disclosers outlined in Standard C:

1. Individuals:

- a. **First Name;**
- b. **Middle Name;**
- c. **Last Name;**
- d. **Date of Birth;**
- e. **National Provider Identification (NPI)***

(*Only if individual has been assigned a NPI number. Not all individuals will have a NPI number as it is associated with clinical service delivery.)

- f. **Social Security Number.**

2. Entities:

- a. Entity's Organizational Name;
- b. Entity's Doing Business As (DBA) Name if different than Organizational Name;
- c. Entity's Federal Employer Identification Number (EIN).

C. Required Disclosers – The CMHPSM and its partner CMHSPs shall collect the previously cited identifying information in Standard B from the following individuals and entities:

1. Required Individual Disclosers

a. Direct Employees:

- All direct employees of the CMHPSM;
- All direct employees of the partner CMHSPs;
- All direct employees of the SUD Core Service Provider.

b. Direct Board Members:

- CMHPSM Board Members;
- CMHSP Board Members;
- SUD Core Service Provider Board Members.

c. Direct Owners:

- All individuals with an ownership stake of 5% or more of an SUD Core Service Provider that is not a governmental entity.

d. Licensed Independent Practitioners (LIPs):

- LIPs contracted with the CMHPSM;
- LIPs contracted with a Partner CMHSP;
- LIPs contracted with an SUD Core Service Provider.

e. Individual Consultants:

- Consultants contracted with the CMHPSM;
- Consultants contracted with a Partner CMHSP;
- Consultants contracted with an SUD Core Service Provider.

2. Required Entity Disclosers and Associated Individuals Disclosers

a. Entity:

- All contracted service provider entities contracted with the CMHPSM, a partner CMHSP and/or a SUD Core Service Provider to deliver federally funded services. All legal name(s) and associated employer identification numbers must be disclosed by the entity.

b. Individuals Associated with an Entity:

- Owners - All individuals with an ownership stake of 5% or more of a contracted service provider entity contracted with the CMHPSM, a partner CMHSP and/or a SUD Core Service Provider to deliver federally funded services
- Board Members - All Board Members of a contracted service provider entity contracted with the CMHPSM, a partner CMHSP and/or a SUD Core Service Provider to deliver federally funded services.

Managing Employees -All managing or leadership level employees of a contracted service provider entity contracted with the CMHPSM, a partner CMHSP and/or a SUD Core Service

Provider to deliver federally funded services. For example: Executive Directors, Chief Level Positions (CEO, CFO, COO, CIO), Clinical Directors, Program Directors, and any other employees determined to be in a management or leadership position.

D. Debarment and Exclusion Verification List – The CMHPSM and partner CMHSPs are required to collect the identifying information identified in Standard B, on all required reporters identified in Standard C, to create the Debarment and Exclusion Verification List. The data within the Debarment and Exclusion Verification List must be collected at the following instances as required by 42 CFR 455.104:

1. Upon submission of a provider credentialing application to join the CMHPSM provider network.
2. Upon submission of a provider re-credentialing application to continue participation as a CMHPSM network provider.
3. Upon execution of a service contract or re-execution of a service contract.
4. Within 35 days of change of ownership of sub-contracted entities contracted with the CMHPSM, partner CMHSPs or SUD Core Service Providers.

E. Monthly Monitoring – The CMHPSM and partner CMHSPs shall create individual monthly monitoring lists to be verified through the CMHPSM monthly verification process. The CMHSPs will create their monthly monitoring lists individually.

1. The CMHPSM will conduct the monthly verification searches on behalf of the CMHPSM region, based upon the debarment and exclusion verification lists compiled by the CMHPSM itself from the partner CMHSPs and SUD Core Service Providers..
2. The CMHPSM will utilize software or other processes to ensure that individuals and entities on the compiled CMHPSM debarment and exclusion verification list are not found on any of the federal or state databases which identify debarred, excluded or suspended individuals and entities.
3. Monthly search results will be returned to the partner CMHSPs and SUD Core Service Providers. Individuals and entities initially found to match records found in any state or federal debarment and exclusion list will be further verified by the following:
 - a. Any individuals initially identified as matching a record found in a federal or state debarment, exclusion or suspension database by first, middle, last name and date of birth will be notified by the CMHPSM, CMHSP or SUD Core Provider that the individual has a relationship with.
 - b. The CMHPSM will conduct all verification/substantiation activities for individuals and entities with direct relationships with the CMHPSM. The CMHSP or SUD Core Provider with the direct relationship with the individual or entity will conduct all further verification information gathering activities after the initial monthly search conducted by the CMHPSM.
4. The CMHPSM, CMHSP and SUD Core Providers are unable to employ, fund or contract with individuals or entities if they are substantiated to be on any state or federal debarment and exclusion list. Individuals and/or entities that are debarred, suspended and/or excluded from federal participation are immediately deemed ineligible for any CMHPSM, CMHSP or SUD Core

Service Provider payments utilizing federal funds.

F. Notification of Program Related Convictions

1. Notification from CMHSP Partner or SUD Core Service Provider

The partner CMHSPs and SUD Core Service Providers must immediately notify the CMHPSM and MDHHS if any individuals or entities disclose, attest to, or are found to have been convicted of program related crimes as identified in Section 1128 (a) and 1128(b) (1) (2) or (3) of the Social Security Act.

2. Notification by CMHPSM

The CMHPSM will immediately notify MDHHS if any individuals or entities disclose, attest to, or are found to have been convicted of program related crimes as identified in Section 1128 (a) and 1128(b) (1) (2) or (3) of the Social Security Act.

VII. EXHIBITS

Exhibit A. CMHPSM Debarment Information Collection Form for Organizations ([Link](#))

VIII. REFERENCES

Federal Regulation 45 CFR Part 76

Balanced Budget Amendment 438.214(d)

42 CFR Part 455 Subpart B

Section 1128 (a) and 1128(b) (1) (2) or (3) of the Social Security Act

MDHHS/PIHP Medicaid Managed Specialty Supports and Services Contract Section (Section 18.1.3 in FY21 Contract)

CMHPSM Debarment Information Collection Form for Organizations ([Link](#))