

ADMINISTRATIVE SANCTIONS

Administrative sanctions may be imposed against a provider that does not meet the requirements as established in laws, rules, regulations or policies. This section explains the administrative actions and sanctions as they apply to a MHR provider. In addition, sanctions cited in Chapter 6 of the Medicaid Services Provider Manual and the Surveillance and Utilization Systems (SURS) rule, LAC 50:1 Chapter 41 (Louisiana Register, Volume 29, Number 4) may be imposed.

The following sanctions may be applied to any provider independently, consecutively and/or collectively.

- The provider's staff may be required to complete education and training, including training in MHR policy and billing procedures provided by DHH. The provider may also be required to obtain other education or training relevant to providing quality MHR services, such as psychosocial skills training, individual counseling, etc. which the Bureau will not provide.
- Payments for services rendered may be suspended or withheld until program compliance is verified.
- The provider may be terminated and all service authorizations canceled. Terminated providers, including all of the owners, officers, or directors may not apply for certification as an MHR provider for a period of up to five years. The provider must assist the recipient in locating other services.
- New requests for service authorization or reauthorizations may be denied until program compliance is verified.
- The provider's current recipients shall be transferred to another provider if the Bureau determines that recipient health and safety are compromised. In the absence of an available provider, the recipient may be referred to an alternate treatment source.
- Individuals employed by the provider may be suspended or excluded from providing MHR services.

NOTE: Health and safety issues will be resolved on a case-by-case basis by Bureau personnel making a determination after examining the circumstances surrounding each particular event or finding. The Bureau is allowed the flexibility to explore fully any circumstances surrounding each unique situation to ensure that the well-being of the recipient and the integrity of the Medicaid Program are protected.

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Grounds for Sanctioning Providers

The following are grounds for sanctioning of an MHR provider:

- Failure to comply with any and all certification, administrative, accreditation, training or operational requirements at any time;
- Failure to provide the full range of services specified in the recipient's service agreement;
- Failure to uphold recipients' rights when violations may or could result in harm or injury;
- Failure to notify proper authorities of all suspected cases of neglect, criminal activity, or mental or physical abuse which could potentially cause, or actually causes harm to the recipient;
- Failure to maintain adequate qualified staff to provide necessary services;
- Failure to adequately document services billed were actually performed;
- Failure of a MHR provider's subcontractors to meet all required standards;
- Failure to fully cooperate with a Bureau survey or investigation including, but not limited to failure to allow Bureau staff entry to the provider's or subcontractor's offices or denial of access to any requested records during any survey or investigation;
- Failure to comply with all reporting requirements in a timely manner;
- Failure to provide documentation that verifies compliance with any requirement as set forth in this policy;
- Failure to comply with any or all federal and state laws, rules and regulations, the provider manual and any other notices or directives issued by the Bureau;
- Failure to protect recipients from harmful actions of a MHR provider's employees or subcontractors including but not limited to health and safety, coercion, threat, intimidation, solicitation or harassment;
- Failure to remain fully operational at all times for any reason other than a natural disaster;
- A substantial pattern of consistent complaints filed against a MHR provider, within a one (1) year period;
- A false statement of a material fact knowingly (or with reason to know) made by an owner or staff person of the MHR provider in the following areas:
 - An application for enrollment;
 - Data forms;
 - A recipient's record;
 - Any matter under investigation by the Bureau; or
 - Certification/recertification or the accreditation process.

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- If a provider uses false, fraudulent or misleading advertising;
- Failure to disclose a conviction for a criminal offense by a person who has ownership or controlling interest in the provider agency, or by a person who is an agent or managing employee of the MHR provider; or
- If the facts determined by the department indicate a failure to provide optimum care in accordance with current standards of practice.

Informal Review

Any provider receiving a notice of sanction may be provided an opportunity to request an informal review. The request for an informal review must be made in accordance with the instructions in the notice of sanction.

The informal review process is designed to allow the provider to:

- Review the reasons and rationale for the proposed sanction(s);
- Discuss the reasons and findings related to the proposed sanction(s);
- Ask questions and seek clarification; and/or
- Submit additional relevant information.

To arrange an informal review, the request must be made by the provider in writing and within fifteen (15) calendar days (including Saturdays and Sundays) of receipt of original notice of sanction. All such written requests must be sent to:

For USPS mail delivery:

For hand delivery or delivery via a parcel service:

Medicaid Behavioral Health Section
P.O. Box 91030
Baton Rouge, LA 70821-9030

Medicaid Behavioral Health Section
Bienville Bldg., 7th Floor
628 North 4th Street
Baton Rouge, LA 70802

Fax: (225) 342-1972 or (225) 342-1973 or Toll Free at (866) 427-2148

The provider may be represented by an attorney or an authorized representative at the review. The attorney or authorized representative must file a written notice of representation identifying himself/herself by name, address, and telephone number at the address given above.

After the informal review is completed, the Bureau shall inform the provider in writing of the results and conclusions. The provider has the right to seek an administrative appeal of the sanction within thirty (30) days of the receipt of the results of the informal review.

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Notice and Appeal Procedure

A provider that contests any adverse action taken by the Bureau may appeal such action by submitting a written request for an appeal to the Department's Bureau of Appeals. The request must be received by the Bureau of Appeals within thirty (30) days of the provider's receipt of the written notification of the Bureau's action. The appeal should be sent to the following address:

Bureau of Appeals
Department of Health and Hospitals
P O Box 4183
Baton Rouge, LA 70821-4183

Sanctions in the form of a termination based on fraud and abuse or health and safety shall take effect immediately upon notice by the Bureau.

In cases not involving health and safety or program integrity issues where fraud or abuse is at issue, a sanctioned provider who has timely filed an appeal shall be allowed to accept new recipients during the appeals process unless the appeal is delayed beyond ninety (90) days due to action on the part of the provider. If the appeal is delayed beyond ninety (90) days due to action on the part of the provider, the provider may be prohibited from taking on new recipients until a ruling on the appeal has been issued.