# BARRY COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
# POLICY AND PROCEDURE MANUAL

| Policy: 9-E Program Eligibility Screening and Exclusion Disclosure | Application: All | |
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| Approved: _____<br>Richard Thiemkey, Executive Director | | |
| Reviewed<br>5/6/2026 | Revised<br>5/6/2026 | First Effective<br>7/7/2011 |

**PURPOSE**
To ensure Barry County Community Mental Health Authority (BCCMHA) does not conduct business with any individuals, contractors or vendors who are debarred, suspended or otherwise excluded from participation in any federal or state healthcare program.

To comply with Federal and State regulations, Barry County Community Mental Health Authority (BCCMHA) and Southwest Michigan Behavioral Health (SWMBH) shall obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in Sections 455.104-106 of the Code of Federal Regulations.

**POLICY**
It is the policy of BCCMHA to comply with the Code of Federal Regulations sections 455.104-106, 438.610 and the Social Security Act.

BCCMHA prohibits the employment of execution of contracts with, provision of items or services at the direction or prescription of, or use of services provided by excluded individuals at its operations and those of its contract providers.

Section 438.610 further requires that all directors, officers, employees, contractors and subcontractors be screened to determine whether they have been listed by a federal agency as debarred, excluded, or otherwise ineligible for participation in a federal healthcare program, such as Medicaid.

An excluded individual or entity violates the law if it provides items or services to federally funded healthcare program beneficiaries and a federal payment is sought for those items or services. Furthermore, no payment can be made from a Federal Funded Healthcare Program to cover an excluded individual's salary, expenses or fringe benefits, regardless of whether they provide direct client care.

BCCMHA will maintain integrity in its financial and business operations as well as its service programs. Therefore, BCCMHA, in conjunction with Southwest Michigan Behavioral Health (SWMBH) for Medicaid funded services, will conduct appropriate screening of providers,

employees, independent contractors, and business partners to ensure that they have not been sanctioned by a federal or state law enforcement regulatory or licensing agency.

The credentials of medical professionals or entities employed by BCCMHA, or with whom there is an established business relationship will be verified with appropriate licensing and disciplining authorities, including any adverse actions taken against the individual that might impair their performance of duties, or fiduciary responsibility on behalf of the organization. This verification process shall include checking against the Federal System for Award Management, Michigan Medicaid Exclusion List, Office of Inspector General EPLS (OIG), and General Services Administration Debarment List. The verification review shall be completed prior to offering employment or a contract for services. In conjunction with SWMBH, BCCMHA will search the exclusion lists monthly to capture exclusions and reinstatements that have occurred since the last search or at any time providers submit new disclosure information.

BCCMHA shall require all screened persons to disclose whether they are excluded individuals or a part of an excluded entity. All screened persons shall disclose if he or she is an excluded individual at the time of initial hiring, credentialing, or contracting process, or at any point in the future upon the request of BCCMHA. Prospective employees and contractors listed by a federal agency as disbarred excluded or otherwise ineligible for federal program participation are not eligible for employment or contract with BCCMHA, nor payment directly or indirectly using Medicaid or other publicly funded healthcare programs. BCCMHA shall require any network provider or out of network provider entities who seek payment from BCCMHA for services provided to sign an attestation regarding debarment, suspension, and other responsibility matters to affirm that they, their employees and their contractors are not excluded from participation in the ownership and disclosure form. See Form Attachments.

**PROCEDURES**

In conjunction with SWMBH, BCCMHA shall check the exclusion lists monthly for all its operational staff, contractors, board of directors, and all other individuals or entities meeting the screened person's definition. The Corporate Compliance Officer shall send updates to SWMBH on a monthly basis. SWMBH will manage the database utilized to check against the exclusions lists. SWMBH will send the exclusion checks to the Corporate Compliance Officer on a monthly basis. The Corporate Compliance Officer will verify any time a match is made based upon a screened persons name or entity. This may include gathering additional information to verify whether there is indeed a match or not.

HUMAN RESOURCES

1. The Human Resources Department will coordinate with the Compliance Department to complete initial screening of all new hires, interns, and students against the above mentioned exclusion lists prior to the start date. The Compliance Department will check exclusion lists on a monthly basis thereafter. Documentation of the initial screening will be maintained in administrative files available to the Human Resources Department, and ongoing screening will be maintained by the Compliance Department.
2. Any individual who exercises operational or managerial control over the entity or part thereof, or directly or indirectly conducts the day-to-day operations of the entity or part thereof will be incorporated into the monthly exclusion screening.

3. If a screened name matches a name on the exclusion list, additional information will be requested to confirm the validity of the match, including but not limited to, date of birth, middle name, and social security number. If an individual has been determined to be an excluded individual, the Corporate Compliance Officer and Executive Director will be notified immediately. The Corporate Compliance Officer will immediately suspend billing and payments of claims associated with the excluded individual.
4. Determination that an individual is excluded will result in the termination of services or relationship of any kind. In addition, the Corporate Compliance Officer and Executive Director will notify the agency's attorney to determine actions required.

EXTERNAL PROVIDERS

1. The Provider Network Specialist will screen all new contractors against the identified exclusion lists prior to the start date of contracted services on a monthly basis thereafter. Documentation of contract screening will be maintained in an administrative file available to the Provider Network Specialist and Corporate Compliance Officer.
2. Any individual who exercises operational or managerial control over the contract provider entity or part thereof, or directly or indirectly conducts the day-to-day operations of the entity or part thereof is incorporated into the exclusion screening.
3. If a match is made on a person's/entity's screened name, additional information will be requested and utilized to confirm the validity of the match. If an individual or entity has been determined to be an excluded individual/entity, the Corporate Compliance Officer and the Executive Director will be immediately notified. The Compliance Officer will immediately suspend billing and payment of claims associated with the excluded individual or entity.
4. Determination that an individual/entity is excluded will result in the termination of services or relationship of any kind. For Medicaid funded services providers, BCCMHA will notify SWMBH's Provider Network Manager. In addition, the Corporate Compliance Officer and Executive Director will notify the agency's attorney to determine actions required.
5. Both network and non-network provider(s) will be provided with an attestation confirming debarment, suspension, and exclusion responsibilities which must be signed and returned to the Provider Network Specialist.

**ATTACHMENTS**

Screening and Exclusion Attachment

**REFERENCES**

42 CFR § 438.610
42 CFR § 1001.1001
42 CFR § 455.104-106
Michigan Department of Community Health Master Contracts – Medicaid and General Fund
Social Security Act