North Sound Mental Health Administration
Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties
Improving the mental health and well being of individuals and families in our communities
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NSMHA Contract Memorandum 2012-015

Date: October 10, 2012

To: Tom Sebastian, Compass Health
Donna Konicki, Bridgeways
Michael Watson, Lake Whatcom RTC
Dean Wight, Whatcom Counseling and Psychiatric Center
Kathy McNaughton, Catholic Community Services Northwest
Claudia D'Allegri, Sea Mar
Ken Stark, Snohomish County Human Services Director
Phil Smith, Volunteers of America
Cindy Paffumi, Interfaith
Sue Closser, Sunrise Services
Christine Furman, Pioneer Human Services

From: Lisa Grosso, Operations Manager

Subject: Revised Policy

Policy 2001.00 – Business Ethics and Regulatory Compliance Program and Plan
This policy has been through the appropriate approval channels and the updates represent no change in fiscal impact or significant additional work required of providers. This policy was approved and signed by the Executive Director, September 25, 2012.

1. The NSMHA Business Ethics and Regulatory Compliance Policy and Plan 2001.00 remains essentially the same with the following key updates:

    a. Organizing and streamlining the content and language to simplify the policy, eliminating redundancy
    b. Strengthening of language, in particular with regard to:

        i. Validation of employee and contractors prior to hiring, annually and as directed by contract using the List of Excluded Individuals and Entities (LEIE)
        ii. Participation by provider agencies on the NSMHA compliance/exclusions distribution list to review periodic discipline news release e-mails

iii. Reporting termination of employees and contractors for Fraud & Abuse by written notification to the Washington State Department of Health as a step in the process. (This is a special emphasis by CMS to connect perpetrators of Medicaid fraud with a personnel action to ensure that confirmed violators are prevented from becoming re-employed with an unsuspecting employer through lack of inclusion on the List of Excluded Individuals and Entities (LEIE).)
iv. Incorporating specifics related to monitoring and auditing activities
v. Incorporating new compliance_officer@nsmha.org e-mail address for reporting suspected fraud & abuse
vi. Incorporating October 1, 2012 contract requirements for reporting Fraud & Abuse cases to the Medicaid Fraud Control Unit (MFCU).

Full implementation of this revised/policy should occur no later than 60 days after this memo.

cc: Cindy Ferraro, Bridgeways
Heather Fennell, Compass Health
Kay Burbidge, Lake Whatcom RTC
Pamala Benjamin, Whatcom Counseling and Psychiatric Center
Pat Morris, Volunteers of America
Katherine Scott, Sea Mar
Richard Sprague, Interfaith
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Rebecca Clark, Mental Health Program Coordinator Skagit County
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Anne Deacon, Whatcom County Coordinator
Jackie Henderson, Island County Coordinator
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Contract File

Effective Date: 6/17/2008; 1/3/2007; 6/2/2004, BOD #04-028
Revised Date: 9/5/2012
Review Date: 9/13/2012

North Sound Mental Health Administration

Section 2000-Compliance: Business Ethics and Regulatory Compliance Program

Authorizing Source: 42 CFR 4388.608, 438.610
WAC 38-865-0280
Cancels:
See Also:
Providers must "comply with NSMHA policy"
Responsible Staff: Compliance Officer

Approved By: Executive Director
Motion #: 04-028 Date: 9/25/2012
Executive Director's Signature:

POLICY #2001.00

SUBJECT: BUSINESS ETHICS AND REGULATORY COMPLIANCE PROGRAM & PLAN (BERCPP)

I. MISSION STATEMENT

The mission of the North Sound Mental Health Administration (NSMHA) is "Improving the mental health and well being of individuals and families in our communities" served in the North Sound Region, through high quality and culturally competent services. As we pursue this mission, we are committed to conducting all of our activities in compliance with applicable laws and regulations and in accordance with the highest ethical standards. We will maintain a business culture that builds and promotes professional responsibility and encourages colleagues to conduct all NSMHA business with honesty and integrity. Our commitment to compliance includes: communicating to all employees, consultants, independent contractors and subcontractors clear ethical guidelines; provide training and education regarding applicable State and Federal laws, regulations, and policies; and provide monitoring and oversight to help ensure that we meet our compliance commitment. We promote open and free communication regarding our ethical and compliance standards and provide work environment free from retaliation.

II. PURPOSE

The purpose of this policy is to outline and define the scope, responsibilities, operational guidelines, controls and activities employed by NSMHA to ensure that we maintain an environment that facilitates ethical decision making and we act in accordance with the laws and regulations that govern NSMHA.

III. POLICY

It is the policy of NSMHA to ensure through BERCPP that it will comply with the laws, regulations, principles and policies that govern us and maintain an active program to correct problems that arise. The compliance program is implemented throughout NSMHA's internal operations and external provider network through the development of policies and procedures, appointment of a compliance officer and compliance committee, training and education, effective lines of communication, monitoring and auditing functions, enforcement standards and response mechanisms.

IV. STANDARDS OF CONDUCT AND COMPLIANCE PROGRAM PROCEDURES

NSMHA is committed to conducting its business with honesty and integrity and in compliance with all applicable laws. NSMHA has developed and maintains the Guidelines for Business and Ethical Conduct (Code of Conduct). The purpose of the guidance is to communicate to all NSMHA employees, contractors and subcontractors an expectation and requirement of ethical compliance with all applicable laws, policies, rules and regulations. NSMHA Guidelines for Business and Ethical Conduct are intended to establish clear, over-arching guidance and should be regarded as a set of guiding principles that apply to every NSMHA employee. It does not address in detail every specific

compliance issue that might arise. It does provide a framework for seeking guidance and for decision-making. NSMHA requires all employees to sign an acknowledgement confirming they have received the Code of Conduct, understand it represents policies of NSMHA and agree to abide by it.

NSMHA's compliance program and procedures provide further guidance on specific compliance risk areas. At a minimum, NSMHA will develop and maintain policies to address the relevant risk areas identified by the Office of Inspector General (OIG) in its "Compliance Guidance to Medicare + Choice Organizations," which are:

A. Marketing Materials and Personnel
B. Selective Marketing and Enrollment
C. Disenrollment
D. Underutilization and Quality of Care
E. Data Collection and Submission Policies
F. Anti-Kickback Statute and Other Inducements
G. Emergency Services – NSMHA does not participate in the provision of emergency services as defined by the OIG guidance.

NSMHA also has the following policies and contract language regarding standards of conduct and compliance:

A. Policy 3502.00 – Personnel Policy & Procedures
B. Policy 3003.00 – Audits
C. Policy 4513.00 – Advisory Board Allowed and Disallowed Expenses

V. DEFINITIONS

Abuse: provider and/or business practices that are inconsistent with sound fiscal, business or healthcare practices and result in an unnecessary cost to NSMHA and/or Department of Social and Health Services (DSHS)/Division of Behavioral Health and Recovery (DBHR) Medicaid program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare (42 CFR 455.2).

Fraud: an intentional deception or misrepresentation made by a person with the knowledge that the deception or misrepresentation could result in some unauthorized benefit to the person or some other person(s) (42 CFR 455.2). State statute defines fraud as an attempt to obtain more benefits or payments than one is entitled to, by means of willful false statement, willful misrepresentation, or by concealing material facts, or fraudulent scheme (74.09.210 RCW).

Compliance Officer: the person appointed by NSMHA/North Sound Regional Support Network (NSRSN) to fulfill this position in compliance with a Federal program integrity requirement and State contractual requirement (42 CFR 438.608(b)(2), Division of Behavioral Health and Recovery [DBHR]/Regional Support Network [RSN]/Prepaid Inpatient Health Plan [PIHP] Contract).

Ethics and Compliance Committee (ECC): NSMHA Fiscal Committee will serve as the ECC as appointed by NSMHA Board of Directors to fulfill this role in compliance with a Federal program integrity requirement, and State contractual requirement (42 CFR 438.608(b) (2), DBHR/RSN/PIHP).

Medicaid Managed Care Abuse: practices in a capitated Managed Care Organization (MCO), Primary Care Case Management (PCCM) program, or other managed care setting that are inconsistent with sound fiscal, business, medical practices, or federal regulations, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary, or that fail to meet professionally recognized standards or contractual obligations for healthcare.

Federal Compliance Officer: an employee of DBHR, who serves as its Federal Compliance Officer and operates its fraud and abuse telephone hotline.

Office of Inspector General (OIG) Exclusion Program: a Federal program and database that identifies OIG Exclusion Program: a Federal program and database that identifies Office persons and other entities, which have been excluded from participation and payment in federal healthcare programs.

Excluded Parties List System: a Federal system and database that identifies parties that have been excluded from receiving Federal contracts, certain subcontracts and certain types of Federal financial and non-financial assistance and benefits.

Medicaid Managed Care Fraud: any type of intentional deception or misrepresentation made by an entity or person in a capitated MCO, PCCM program, or other managed care setting with the knowledge that the deception could result in some unauthorized benefit to the entity, himself, or some other person.

Provider: any individual, community mental health agency or entity providing NSMHA funded public mental health services or other associated services through contractual agreement with NSMHA Board of Directors.

VI. COMPLIANCE ORGANIZATION AND OVERSIGHT

A. NSMHA Board of Directors has ultimate responsibility for NSMHA's BERCPP.

B. NSMHA Executive Director will appoint a Compliance Officer in writing, also known as the Program Integrity Officer under the Medicaid program and the NSMHA Fiscal Committee will serve as the ECC. Together the ECC and the Compliance Officer maintain primary responsibility to oversee and coordinate the BERCPP. The ECC reports to NSMHA Board of Directors. While the Compliance Officer generally reports to the ECC, when circumstances warrant as determined by the Compliance Officer. The Compliance Officer has the authority to meet directly with the Board of Directors and/or NSMHA attorney.

1. The Compliance Officer has direct access to the ECC, NSMHA Executive Director, NSMHA Board of Directors, senior management and legal counsel. The Compliance Officer's duties and authority include the following:

    a. Implement and monitor NSMHA compliance activities.
    b. Report directly to the ECC on, at least, a quarterly basis regarding all compliance activities including policy development, training, monitoring, business and ethical issues addressed and reports of suspected noncompliance.
    c. Develop policies and procedures that are designed to address substantive regulatory compliance risk areas.

d. Develop and implement annual education and training programs for employees to specifically include:

    i. Fraud and abuse policies and procedures including:

        1) False Claims Act,
        2) Deficit Reduction Act, and
        3) Whistle Blower reporting of improper governmental action and protections against retaliation

e. Report on a quarterly basis to NSMHA Board of Directors on the progress of implementation of BERCPP.
f. Receive reports of possible violations of BERCPP.
g. Research and provide answers to business ethics and regulatory questions that arise.
h. Investigate all potential incidents of non-compliance, including reviews of relevant documents and interviews of relevant people.
i. In consultation with the ECC, develop corrective action plans (CAP) to correct compliance violations, prevent future incidents of non-compliance and steps for monitoring progress.
j. Develop a reporting process that is clearly defined and communicated to employees, contractors and consumers.
k. Implement measures developed by the Executive Director, ECC and Board of Directors, which are designed to create an environment where employees, contractors, providers and consumers are encouraged to raise ethical questions, report potential incidents of non-compliance and report suspected fraud and abuse without fear of retaliation.
l. Assist the Executive Director, ECC and Board of Directors in reviewing NSMHA functions as they relate to fraud and abuse prevention, detection and reporting and in establishing methods to reduce NSMHA vulnerability to incidents of fraud and abuse.
m. Maintain a tracking system for business ethical issues, questions about regulatory compliance, reports of potential non-compliance and reports of suspected fraud and abuse and develop and present a quarterly status report to the ECC.
n. Ensure that appropriate contract provisions are in place that requires contractors and subcontractors to have a compliance program.
o. Refer potential fraud to one or more of the appropriate authorities including, but not limited to:

    i. DSHS/DBHR;
    ii. Health Care Authority (HCA);
    iii. WA State Auditors Office;
    iv. WA State Medicaid Fraud Control Unit (MFCU)/Office of Attorney General;
    v. Office of Civil Rights;
    vi. Department of Health and Human Services (DHHS)/OIG; and/or
    vii. Center for Medicare and Medicaid Services (CMS) Regional Fraud and Abuse Coordinator.
    viii. Director of the Managed Care Contracting Division of the Department of Health Care Policy and Financing.

p. NSMHA will assist various governmental agencies as practical in providing information and other resources during the course of investigations of potential fraud or abuse. These agencies include, but are not limited to, those listed in (VI.b.i.o) above.
q. All information identified, researched, or obtained for, or as part of, a potential fraud and abuse investigation is considered confidential by NSMHA and the participating investigative governmental agencies. Any information shared among and/or developed by participants in the investigation of a potential fraud and abuse occurrence is maintained solely for this specific purpose and no other.
r. NSMHA will implement processes that comply with specific reporting procedures developed by DSHS/DBHR and with processes establishing and administering penalties and sanctions for fraud and abuse.
s. The ECC has direct access to the Compliance Officer, NSMHA Executive Director and NSMHA Board of Directors. The ECC duties include the following:

    i. Ensure that BERCPP is designed to provide an ethical framework for decision-making.
    ii. Ensure that BERCPP is designed to prevent and/or detect violations of the law and NSMHA's policies and procedures.
    iii. Oversee the development and revision of the Guidelines for Business and Ethical Conduct and policies and procedures that implement BERCPP.
    iv. Together with the Compliance Officer periodically review and revise BERCPP to meet changing regulations or trends and submit the revised BERCCP to the Board of Directors for approval.
    v. Receive reports on investigations being conducted by the Compliance Officer unless such reports would potentially compromise an investigation.
    vi. Receive status reports from the Compliance Officer on a quarterly basis and take such steps as may be necessary to resolve any problems that prevent action or limit the effectiveness of the program.
    vii. Together with the Compliance Officer ensure communication of BERCPP and associated activities to all employees including changes in laws, regulations, or policies, as necessary, to assure continued compliance.
    viii. Make efforts to create an environment where employees, contractors, providers and consumers are encouraged to raise ethical questions, report potential incidents of non-compliance and report suspected fraud and abuse without fear of retaliation.

t. Any potential fraud and/or abuse occurrences identified by individuals or consumers, or by providers or NSMHA employees during the course of performing their duties are reported to NSMHA Compliance Officer as outlined in section IX (Effective Lines of Communication for Reporting and Clarifying Policy) of BERCPP. The Compliance Officer may:

    i. Conduct an investigation in an effort to verify such items as:
    ii. The Compliance Officer reviews the report with NSMHA's Executive Director and Legal Counsel and, if appropriate, the report is forwarded to one or more of the authorities listed in (VI.b.i.o.) of this program.

iii. The Compliance Officer is authorized to exercise independent discretion in reporting suspected fraud and/or abuse to any and all appropriate authorities.

1) The source of the complaint,
2) Type of provider,
3) Nature of fraud or abuse complaint,
4) Approximate dollars involved, and
5) The legal and administrative disposition of the case.

VII. TRAINING AND EDUCATION

NSMHA is committed to communicating our standards for ethical conduct, compliance awareness and compliance policies to all employees. All NSMHA employees receive copies of NSMHA's Guidelines for Business and Ethical Conduct and mandatory annual training on NSMHA's BERCPP. Training may include, but is not limited to, the following topics:

A. Clarification of roles and responsibilities of NSMHA, State and Federal resources and contacts (i.e., Compliance Officer, ECC, MFCU, State Auditor's Office, OIG, etc.).
B. The specific components of NSMHA BERCPP, including NSMHA's standards for ethical business conduct.
C. An overview of what constitutes fraud and abuse in a Medicaid Managed Care environment, including fraud and abuse policies and procedures, the False Claims Act and the Deficit Reduction Act.
D. Employee's responsibility to know and comply with State and Federal laws and regulations and NSMHA policies that apply to their job and to ask questions when the correct course of action is unclear.
E. How to raise questions about ethical behavior and regulatory compliance and how to report suspected violations and questionable conduct.
F. A review of specific State contract requirements applicable to NSMHA business.
G. The consequences of failing to comply with applicable law and NSMHA's compliance standards.
H. As new developments or concerns arise, NSMHA Compliance Officer will ensure the information is disseminated to all employees and to contractor management for dissemination to contractor staff and subcontractors.

As outlined in NSMHA Agreement General Terms and Conditions each Provider is required to participate in Medicaid fraud and abuse training. NSMHA will notify Providers of applicable fraud and abuse training opportunities offered through CMS, Washington State Attorney General's MFCU, Washington State Auditor's Office, DBHR, NSMHA, or any other relevant entity.

VIII. COMPLIANCE MONITORING AND AUDITING

Detection and prevention of fraud and abuse is performed by NSMHA through a variety of auditing and monitoring processes and review and oversight activities. NSMHA's Work Plan (NWP) includes activities designed to ensure provider compliance. NSMHA's Biennial Administrative, Fiscal, Quality Assurance/Performance Improvement (QA/PI) and Encounter Data Validation (EDV) on-site provider contract reviews are designed to ensure contractor compliance. A list of the tools used for this monitoring and audit function are reviewed and updated annually, with the most current list version included as Attachment A. Other fiscal policies and audits ensure compliance with payment standards that apply to NSMHA. At a minimum, NSMHA will conduct monitoring activities that

encompass the relevant risk areas identified by the OIG in its Compliance Guidance to Medicare + Choice Organizations (see section IV).

IX. EFFECTIVE LINES OF COMMUNICATION FOR SEEKING GUIDANCE AND REPORTING PROBLEMS

NSMHA employees and contractor agencies have a responsibility to raise questions about business ethics and regulatory compliance, to report incidents of potential non-compliance and to report suspected fraud and abuse identified during the course of performing work responsibilities to NSMHA Compliance Officer.

NSMHA and contractor employees may report any potential fraud or abuse to their supervisors who must then report the suspected misconduct to their agency's Compliance Officer, who in turn reports to NSMHA Compliance Officer.
A report may be made by individuals, consumers, providers, or NSMHA employees to NSMHA Compliance Officer using one of the following options:

a. In person, to NSMHA Compliance Officer.
b. Faxing a report to NSMHA Compliance Officer at (360) 416-7017
c. Anonymously and confidentially calling NSMHA Compliance Officer at (360) 416-7013 Extension 247 or (800) 684-3555 Extension 247
d. By E-mail to Compliance Officer at compliance_officer@nsmha.org
e. Mailing a written concern or report to:

Compliance Officer
North Sound Mental Health Administration
117 N. 1st Street, Suite 8
Mt. Vernon, WA 98273-2858
(Please identify as Confidential on outside of envelope)

This contact information, as well as additional avenues for reporting suspected Fraud & Abuse is also listed on the NSMHA website: http://www.nsmha.org

All contacts that cannot be resolved in one conversation are documented to track and monitor reported concerns to resolution. All known reporting persons are advised they may call back at a later time to receive an update on their reports.

X. INVESTIGATIONS, CORRECTIVE ACTION PLANS (CAP) AND OTHER RESPONSES

A. All reports of potential violations of laws, regulations, policies, or questionable conduct from any source shall be logged and reviewed by NSMHA Compliance Officer. If after initial investigation and consultation with NSMHA Executive Director and Legal Counsel, the Compliance Officer determines there are genuine compliance concerns, the Compliance Officer informs ECC and forwards reports of potential fraud and abuse to DSHS/DBHR and all other appropriate regulatory authorities.
B. When an instance of non-compliance has been determined and confirmed by NSMHA, the Compliance Officer:

1. Develops and recommends an initial CAP and submits it to ECC for review.
2. The ECC, after consideration and any modification, shall approve a CAP.
3. Upon approval, the Compliance Officer and ECC will develop a strategy for implementation of the CAP, with the advice and guidance of NSMHA Executive Director and Legal Counsel.
4. The CAP will focus on implementing changes designed to ensure the specific violation is addressed and, to the extent possible, improve, prevent, or detect any additional compliance inadequacies.
5. The CAP may include one or all of the following areas:

    a. Specific areas requiring compliance attention,
    b. Requirements of additional training and education,
    c. Further audit and/or investigation,
    d. Disciplinary Action, or
    e. Monitoring the results.

C. If the initial investigation reveals possible criminal activity, the CAP includes:

1. Immediate cessation of the activity until the CAP is in place.
2. Initiation of appropriate disciplinary action against the person(s) involved in the activity.
3. Notification to such law enforcement and regulatory authorities as NSMHA Legal Counsel advises, which, at a minimum, includes for Medicaid Fraud, notification to the Washington Attorney General's Office MFCU and the Director of Managed Care Contracting, Division of the Department of Health Care Policy and Financing.
4. Specific requirements for additional training and education of employees to prevent future similar occurrences.
5. Initiation of any necessary action to ensure that no consumers are placed at clinical risk.

D. Any threat of reprisal against a person who makes a good faith report under BERCPP is against NSMHA policy. Reprisal, if found to be substantiated, is subject to appropriate discipline, up to and including termination.

E. NSMHA, at the request of a reporting person, shall provide such anonymity to the reporting person as is possible under the circumstances in the judgment of the Compliance Officer, consistent with NSMHA obligation to investigate concerns and take necessary corrective action. Anonymous reporting persons are advised that while they may remain anonymous, the content of their reports is not confidential.

F. If the identity of the complainant is known, the Compliance Officer provides a written report to the reporting individual that an investigation has been completed and, if appropriate, the corrective action that has been taken.

XI. ENFORCEMENT AND DISCIPLINARY MECHANISMS

A. **Employee Disciplinary Action**

NSMHA will initiate appropriate disciplinary action against its employees who fail to comply with applicable laws, regulations and policies. The seriousness of the violation will determine the level of the discipline. In resolving Medicaid fraud, written notification to the Washington State Department of Health is a step in the process in the case of any employee termination for this reason. This is a special emphasis by CMS to connect perpetrators of Medicaid fraud with a personnel action to ensure that confirmed violators are prevented from becoming re-employed with an unsuspecting employer through lack of inclusion on the List of Excluded Individuals and Entities (LEIE).

B. **Contractor Discipline/Termination**
NSMHA contracts require providers comply with all NSMHA policies and procedures that impact the prevention and detection of fraud and abuse, including NSMHA BERCPP. The contracts clearly state that breach of these provisions will be events for corrective action or termination of the contract after failure to cure. In resolving Medicaid fraud, contractors will make written notification to the Washington State Department of Health in the case of any employee termination for this reason.

XII. PROVIDER RESPONSIBILITIES

A. NSMHA's direct contracts require that providers develop and implement administrative and management procedures that are designed to ensure regulatory compliance including:

1. The adoption of a mandatory compliance plan that includes the seven components recommended by the Federal Sentencing Guidelines (see Section IV);
2. Participation by the provider and any subcontractors in Medicaid fraud and abuse training conducted by the Washington State Attorney General's MFCU.
3. Reporting of fraud and/or abuse information of the provider or subcontractors to NSMHA as soon as it is discovered or suspected, including the consumer name/identification (ID) number, if applicable, the source of the complaint, type of, nature of fraud or abuse complaint, approximate dollars involved and the legal and administrative disposition of the case.
4. NSMHA includes the requirement to report suspected incidents of fraud and abuse into its direct contracts and requires its providers, in turn, to pass those requirements to their subcontractors.
5. NSMHA's direct contracts require that providers comply with all NSMHA Policies and Procedures including those that impact the prevention and detection of fraud and abuse. Likewise, providers are required to include compliance with NSMHA Policies and Procedures as a contract term in their subcontracts.

B. NSMHA requires providers to implement procedures to screen its employees and contractors prior to hiring, annually and as directed by contract, including participation on the compliance/ exclusions distribution list to review of periodic discipline news release e-mails, to determine whether employees and/or contractors have been:

1. Convicted of a criminal offense related to healthcare; or
2. Convicted of other criminal offences that exclude the individual or agency from legally participating in providing healthcare under current regulations, or
3. Listed by a federal agency as debarred, excluded, or otherwise ineligible for federal program participation as verified through the United States Health and Human Services website at http://oig.hhs.gov/exclusions/index.asp and the Excluded Parties Listing System at http://www.epls.gov.
4. Employees or subcontractors found to have a conviction or sanction or found to be under investigation for any criminal offense related to healthcare are to be removed from direct responsibility for, or involvement with, NSMHA funded services and:

XIII. ATTACHMENTS

NSMHA's Biennial Administrative, Fiscal, Quality Assurance/Performance Improvement (QA/PI) and Encounter Data Validation (EDV) on-site provider contract review tool list

MONITORING AND AUDITING TOOL LIST

1) **2012 AUDIT TOOL**
   a) Provider self-assessment tool
2) **ADMINISTRATIVE**
   a) Audit letter and schedule
   b) Audit entrance sign-in sheet
   c) Audit exit sign-in sheet
   d) Facility check list
   e) Personnel check list
   f) Final audit report template
3) **ENCOUNTER VALIDATION**
   a) Data set tool
4) **FISCAL**
   a) Fiscal Federal block grant (FBG) tool
   b) Fiscal Programs to Aid in the Transition from Homelessness (PATH) tool
5) **QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT**
   a) Crisis tools
   b) Early periodic screening, diagnosis and treatment (EPSDT) tool
   c) Encounter data validation tool
   d) Evaluation and treatment (E&T) tools
   e) Grievance system tools
   f) Intensive outpatient (IOP) tools
   g) Mobile outreach tools
   h) Program of Assertive Community Treatment (PACT) tool
   i) Programs to Aid in the Transition from Homelessness (PATH) tool
   j) Supported employment tools
   k) Triage tools
   l) Wraparound tools