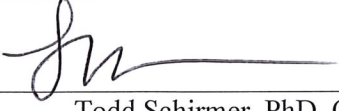


County of Marin Behavioral Health and Recovery Services (BHRS)	POLICY NO. BHRS-24
	Next Review Date: January 1, 2027
POLICY:	Date Approved: January 26, 2024
<u>SUBSTANCE USE SERVICES MONITORING POLICY</u>	By:  Todd Schirmer, PhD, CCHP Director of Behavioral Health and Recovery Services
SUPERCEDES: BHRS-SUS-24	

POLICY: SUBSTANCE USE SERVICES MONITORING

I. PURPOSE:

The purpose of this policy is to inform County-operated and contracted provider substance use services staff on procedures for monitoring quality and utilization of services, network adequacy and compliance with all federal, state and local regulations and policies.

II. REFERENCES:

Substance Use Prevention and Treatment Block Grant (SUBG) Performance Contract
 State/Marin County DMC-ODS Intergovernmental Agreement (IA)
 42 CFR, Part 438
 Drug/Medi-Cal Organized Delivery System (DMC-ODS) Standard Terms and Conditions (STCs)
 Policy BHRS-83 Selective Provider Contracting

III. POLICY:

It is the policy of Marin County Behavioral Health and Recovery Services (BHRS) to regularly monitor County-operated and contracted substance use services to ensure timely access to high quality care, monitor over/underutilization of services, ensure adequate network capacity, and ensure compliance with applicable local, State and Federal regulations and policies.

IV. AUTHORITY/RESPONSIBILITY:

BHRS Director
 Alcohol and Drug Administrator
 Contract Managers
 BHRS Quality Management

V. PROCEDURE:

Marin County BHRS monitors quality and compliance through a combination of monthly provider checks, annual onsite programmatic and fiscal monitoring, ongoing review of

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performance and outcome measures, quarterly review of beneficiary files, and other methods, as appropriate.

Monthly Provider Check: To ensure contracted and County-operated compliance with requirements including, but not limited, to: notifying DHCS of any events that may trigger a re-certification; notifying BHRS of staff changes or unusual occurrences/incidents; addressing outstanding Open Admissions; submitting DATAR, ASAM and CalOMS data in a timely manner; and ensuring that rendering staff have current licenses/certifications, BHRS performs the following:

1. At the beginning of the month, BHRS sends to each Provider: a) an attestation form to complete indicating key changes and compliance with reporting requirements; b) a report of outstanding Open Admissions; and c) a list of rendering staff nearing license/certification expiration.
2. Providers complete and return the documents by the 10th of the month.
3. Contract managers review the completed documents, verify compliance, and follow-up to address areas of potential non-compliance.

Annual Onsite Reviews: To ensure compliance with applicable federal, state and local regulations and policies, BHRS and Fiscal staff performs at least annually an onsite programmatic and fiscal review of each contracted and County-operated facility.

1. At mid-year, BHRS sends a Self-Audit to all service providers, which includes questions related to compliance with SUBG, DMC and other applicable regulations. Providers complete and return the Self-Audit and supporting documentation, which is reviewed by contract managers and fiscal monitors (or BHRS Quality Management for County-operated services).
2. Following review of the Self-Audit, BHRS staff performs an onsite review, which at a minimum includes a review of policies and procedures, evidence of implementation of policies and procedures, review of status of previously issued County or DHCS Corrective Action Plans, objective attainment, a review of client and personnel charts, and general inspection of the facility.
3. A report is issued to the Provider within 15 business days of the visit, with any Corrective Actions and timeframes for responding identified.
4. Annual monitoring is concluded once all Corrective Actions, if applicable, have been resolved to the County' satisfaction.
5. BHRS securely sends copies of all monitoring reports to DHCS via the method identified by DHCS, which may be through the MOVEit portal for DMC-ODS or via encrypted email to SUBGCompliance@dhcs.ca.gov for SUBG within two weeks of issuance.

Quarterly Documentation Reviews: To ensure the provision of high-quality care, compliance with applicable regulations, and submission of accurate claims to DHCS,

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BHRS Quality Management performs a quarterly documentation review at all contracted and County-operated treatment facilities.

1. At the beginning of each quarter, BHRS staff compiles a list of all new beneficiaries accessing services, beneficiaries due for a medical necessity redetermination, if applicable, and beneficiaries discharged from services. The list also includes at least one additional randomly selected beneficiary in order to review progress notes.
2. BHRS Quality Management performs a documentation review of each of the noted files to assess whether the beneficiary meets medical necessity criteria, is in the appropriate ASAM level of care, and that the interventions are appropriate for the diagnosis(es) and level of care. BHRS will also monitor timely completion of assessments to ensure appropriate access to, and utilization of, services. BHRS staff will also provide a high-level review of other applicable requirements for the particular program as outlined in Title 9, BHIN 23-068 (or most current BHIN with documentation requirements), AOD Certification Standards, and the DMC-ODS STCs/BHIN 24-001 (or most current BHIN with DMC-ODS Requirements).
3. Based on the review, BHRS Quality Management staff will:
 - a. Issue a report to the provider summarizing the findings, including whether a Plan of Correction is required.
 - b. Issue a report to the BHRS Contract Manager identifying whether any claims shall be excluded from submission to DHCS.
 - c. Offer technical assistance to providers to improve documentation, as applicable.

Other Monitoring of and Reporting on Quality and Compliance: In order to monitor over or underutilization of services, timely access to care, timely identification of quality of care issues, network adequacy and other pertinent information, BHRS also staff performs the following:

1. Monthly reviews of units of service for each modality in order to track utilization and move funding/capacity between programs as needed.
2. Reviews, analyzes and reports on data included in the BHRS DMC-ODS Quality Improvement Plan in order to identify utilization, capacity, timely access, beneficiary outcomes and areas needing improvement. At a minimum, measures shall include:
 - a. Timeliness of first initial contact to face-to-face appointment
 - b. Timeliness of services of the first dose of NTP services
 - c. Access to after-hours care
 - d. Responsiveness of the beneficiary access line
 - e. Strategies to reduce avoidable hospitalizations
 - f. Coordination of physical and mental health services with waiver services at the provider level

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- g. Assessment of the beneficiaries’ experiences
 - h. Telephone access line and services in the prevalent non-English languages.
 - i. Follow-Up after emergency department visit for alcohol or other drug abuse or dependence (FUA)
 - j. Pharmacotherapy of opioid use disorder (POD)/Use of Pharmacotherapy for Opioid Use Disorder (OUD)
 - k. Initiation and Engagement of Substance Use Disorder Treatment (IET)
3. Reviews penetration rate data to identify and address service needs and gaps related to geographic distribution of services, service availability in all threshold languages, and sufficient capacity in all DMC-ODS modalities of services.
 4. Contractually requires providers to select one area of performance improvement based on the Treatment Perceptions Survey data.
 5. Ongoing monitoring of grievances and appeals to identify beneficiary satisfaction and trends related to access to and quality of care issues. BHRS securely submits a Grievance and Appeal Reports (1915(b) Appeals and Grievance Reports) to DHCS quarterly.
 6. Monitoring capacity by notifying DHCS at DHCSPerinatal@dhcs.ca.gov and BHRS when treatment services are at 90% capacity within seven days of reaching capacity.
 7. All other monitoring identified in Policy BHRS-83 Selective Provider Contracting.
 8. Reviews—and reports to the Quality Improvement Committee quarterly and the External Quality Review Organization annually—the implementation of the Quality Improvement (QI) Work Plan. QI Plans and monitoring reports are also posted online at www.MarinBHRS.org or www.DHCS.ca.gov.
 9. Participation in quality and compliance reviews with DHCS and performs other reporting to DHCS using the templates, timelines and submission instructions provided by DHCS, including, but not limited to:
 - a. Annual DHCS monitoring of SUBG and DMC-ODS
 - b. Annual External Quality Review for DMC-ODS
 - c. Annual Network Adequacy Certification – Uploaded via MOVEit
 - d. Significant Changes Attestations, as applicable: Send Significant Change Disclosure Form (Attachment J) within 10 business days of the change to NAOS@dhcs.ca.gov
 - e. Quarterly Appeals and Grievance Reporting - Uploaded via MOVEit
 - f. Ongoing County Compliance Monitoring - Uploaded via MOVEit
 - g. Fiscal: Quarterly Claiming of SUBG (SUBG Ledger and Invoice to subg@dhcs.ca.gov no later than 45 days after the end of each quarter) and DMC-ODS QA/UR, and Annual Cost Reporting
 - h. Submission of required State Reporting data, such as ASAM, CalOMS, Primary Prevention (via Ecco), Timely Access and other data

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- i. Annual Charitable Choice reporting to charitablechoice@dhcs.ca.gov by October 1 for the prior fiscal year
- j. Master Provider File monitoring and updates – Review and report any changes to DHCSMPF@dhcs.ca.gov within five (5) business days.
- k. Annual Void Report securely to MedCCC@dhcs.ca.gov by February 28 for the prior fiscal year
- l. Provider Preventable Conditions, as applicable, via secure, encrypted email to ODSSubmissions@dhcs.ca.gov