POLICY: DRUG/MEDI-CAL SERVICE PROVISION

I. PURPOSE:

The purpose of this policy is to ensure that Drug/Medi-Cal (DMC) services and activities meet the DMC requirements.

II. REFERENCES:

NNS/DMC State-County Contract
45 CFR 96.127
Title 22 CCR
Drug Medi-Cal Certification Standards for Substance Abuse Clinics (July 1, 2004)
Drug Medi-Cal Provider Billing Manual
Alcohol and Other Drug Program Certification Standards (March 15, 2004)
DHCS Funding Hierarchy – Payment of First and Last Resort
MHSUS Provider Self-Audit (Drug/Medi-Cal Compliance)

III. POLICY:

The County and contractors providing DMC services must adhere to all related laws, regulations and standards including, but not limited to, those outlined in Title 22, CCR, Sections 51341.1, 51490.1, and 51516.1, the Drug/Medi-Cal Provider Billing Manual, the Drug/Medi-Cal Certification Standards, the Alcohol and Other Drug Program Certification Standards and Title 9, CCR, Division 4, Chapter 4, Subchapter 1, Sections 10000, et seq. In the event of conflicts, the provisions of Title 22 shall control if they are more stringent.

IV. AUTHORITY/RESPONSIBILITY:

Contract Managers
Alcohol and Drug Administrator
MHSUS Director
V. PROCEDURE:

DMC Certification:
1. All programs that claim DMC funding must possess current DMC certification and/or licensure and contractors shall submit verification of status to Contract Manager prior to executing a contract agreement.
2. Any proposed reductions in covered services or changes in location shall be communicated in writing to MHSUS and DHCS 60 days prior to the proposed effective date.
3. Any additions or changes in information submitted in a DMC application package shall be reported within 35 days by submitting an application to DHCS.
4. Any DMC program that surrenders their DMC certification or closes their facility shall notify the County Alcohol & Drug Administrator in writing within two (2) business days and MHSUS shall notify DHCS within two (2) business days of notification or discovery.

Access to Services:
1. DMC providers must have procedures in place to check beneficiary eligibility on a monthly basis in order to ensure coverage. Covered services shall be provided to beneficiaries without regard to the beneficiaries’ county of residence.
2. MHSUS will contract with DMC certified providers in good standing to maintain continuous availability and accessibility of covered services and facilities, service sites and personnel. Services shall not be limited due to budgetary constraints.
3. MHSUS and contracted providers shall have a documented system to monitor and evaluate accessibility of care, including a system for addressing problems that develop regarding waiting times and appointments.
4. Upon a beneficiary request for services, medically necessary services shall be initiated with reasonable promptness. Requirements for timely access to services will be included in contract agreements. If services are denied, the provider shall inform the beneficiary in accordance with Title 22, Section 51341.1 (p).

Documentation:
1. The County requires the establishment of a Utilization Review Committee (URC) and requires URC protocols, which must include regularly scheduled reviews of client files, be submitted prior to executing a contract agreement.
2. At the mid-year Site Visit, or more often if requested or deemed necessary, Contract Managers review client files using the “Marin County Division of Mental Health and Substance Use Services Chart Review Worksheet”, a sample of which is included in the Contractor Manual. The chart review template identifies areas of Title 22 regulation including areas specifying dates for specific timeframe requirements.
3. Participant files that are found to be out of compliance will require an immediate corrective action and must be brought into compliance, as possible, prior to receiving payment for services rendered.

4. DMC program staff are required to participate in Title 22 training annually. MHSUS will forward to DMC programs information on DHCS-provided Title 22 training and will offer Title 22 training, as requested.

5. Client records shall be maintained for seven (7) years per the Marin County policy and Professional Services Contract.

Claims and Reports:
1. County-operated and contracted programs that bill for services identified in Section 51516.1 of Title 22 shall submit claims in accordance with the DHCS DMC Provider Billing Manual.

2. Claims for DMC reimbursement shall include only those services covered under Title 22 Section 51341.1 and administrative charges that are allowed under WIC, Sections 14132.44 and 14132.47.

3. Entities that bill for services shall certify the public expenditure was made prior to submitting the electronic claim. Contracted providers shall submit to MHSUS and MHSUS shall submit to DHCS the Drug/Medi-Cal Certification Form [DHCS Form 100224A] for each claim file submitted for reimbursement of federal Medicaid funds. Claims will not be uploaded to DHCS until a completed and accurate DHCS Form 100224A form has been submitted to MHSUS.

4. As applicable, prepare and maintain on file for MHSUS and DHCS review: Multiple Billing Override Certification (MC 6700) and Good Cause Certifications (MC 6065A and MC 6065B).

5. Unless otherwise noted on the DHCS Funding Hierarchy-Payment of First and Last Resort, claimed services for Drug/Medi-Cal beneficiaries are reimbursed with Drug/Medi-Cal funding as the payment of first resort.

6. Billed services require complete, accurate and timely documentation compliant with Title 22 and Drug/Medi-Cal Certification Standards in order to receive payment.

7. Billing must accompany correct coding, diagnosis and identification numbers.

8. Services rendered that do not support medical necessity will not be reimbursed.

9. Payments for services that later are deemed ineligible for payment will be recouped from provider by the County at End of Year - Cost Report or via the procedures outlined in the DHCS Post Service Post Payment (PSPP) review process.

Contractor compliance with this policy shall be achieved through the following:
1. Distribution of the Contractor Manual annually at contract renewal which includes links to the DHCS resource materials including, but not limited to, Title 22 Section 51341.1, Drug Medi-Cal Certification Standards and the Drug Medi-Cal Provider Billing Manual.

2. The approval of contract as to form and legal affect by county counsel.
3. Signature of Contractor on contract agreeing to all conditions set forth in the contract will constitute a binding agreement with County and Contractor.

4. The annual completion of the Provider Self Audit (including Drug Medi-Cal Regulation Compliance) by Contractor, and subsequent review by MHSUS Contract Manager, including Contractor’s signed attestation of adherence to all laws and regulations to ensure compliance.

5. At annual Site Visit, Contract Manager shall review Contractor policies and procedures regarding Drug/Medi-Cal service provision and claiming and ensure that they adhere to regulation. Contract Manager will also review logs to ensure timely access to services and will review training logs and/or personnel files to ensure that Drug/Medi-Cal staff attend a Title 22 training annually.

6. At the site visit, and more often if requested or deemed necessary, Contract Manager will review client files to ensure service provision and documentation adheres to regulation, policies and procedures.

7. HHS Fiscal staff will perform annual fiscal monitoring to assure covered services are being appropriately rendered.

8. MHSUS will submit to DHCS copies of programmatic and fiscal monitoring reports within two weeks of completion.

9. MHSUS staff will perform a monthly DMC provider check to ensure continued active participation in the DMC program and to monitor for a triggering recertification event (e.g. change in ownership, change in scope of services, remodeling, change in location). MHSUS staff will document the monthly status check and will notify DHCS within two (2) business days of any relevant notification or discovery.

10. Contractor will be required to complete and submit a Corrective Action Plan (CAP) to the requesting entity for any areas identified as non-compliant by DHCS or MHSUS. The CAP shall address the specific actions to correct the deficiency or non-compliance, identify who will be responsible for the action, and provide a timeline for completing the action. The Contract Manager will monitor adherence to the CAP.

County-operated program compliance with this policy shall be achieved through the following:

1. Approval of State-County NNA/DMC Contract by Board of Supervisors or authorized designee agreeing to all conditions set forth in the contract.

2. Attestation to compliance with DMC requirements at the annual DHCS Monitoring review.

3. Annual completion of Self Audit, including County Alcohol & Drug Administrator’s signed attestation of adherence to all laws and regulations.

4. At annual Site Visit, MHSUS Quality Management shall review policies and procedures regarding DMC. Quality Management will also review logs to ensure timely access to services and will review training logs and/or personnel files to ensure that DMC staff attend a Title 22 training annually.
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