


County of Marin Mental Health & Substance Use Services (MHSUS)	POLICY NO. MHSUS-ADP-19
	Next Review Date: January, 2019
POLICY:	Date Reviewed/Revised: January 5, 2016
<u>SELECTIVE PROVIDER CONTRACTING REQUIREMENTS</u> SUPERCEDES: MHSUS PROGRAMMATIC AND ADMINISTRATIVE POLICIES, PROCEDURES, STANDARDS AND PRACTICES FOR ALCOHOL, TOBACCO AND OTHER DRUG SERVICES	By:  Suzanne Tavano, PhD MHSUS Director

POLICY: SELECTIVE PROVIDER CONTRACTING REQUIREMENTS

I. PURPOSE:

To comply with best practices and State and Federal regulation Marin County shall implement and maintain a selective provider contracting system to ensure a fair and transparent process is used to establish a sufficient provider network to meet client and community needs, set provider standards, and assure that clients have timely access to quality services.

II. REFERENCES:

State of California – County of Marin: Net Negotiated Amount Contract
 Medicaid Section 1115 Demonstration Waiver: Bridge to Reform, California – Drug/
 Medi-Cal Organized Delivery System (DMC-ODS) Waiver Standard Terms and
 Conditions (STCs)
 42 C.F.R. §§438.12(a)(1), 438.12(a)(2), 438.12(b)(1), and 438.214
 County of Marin, MHSUS Policy Nos. 211-04, 214-02, ADP-07, ADP-18

III. POLICY:

It is the policy of Marin County Division of Mental Health and Substance Use Services (MHSUS) to maintain selective provider contracting requirements for primary prevention and early intervention activities and for the delivery of substance use services to Medi-Cal beneficiaries and uninsured individuals. The selective provider contracting requirements establish standards for contract selection and retention, outline processes for contract denial and appeals, and identify applicable provider performance requirements.

All standards and procedures apply equally to all providers regardless of public, private, for-profit or non-profit status, and without regard to whether a provider treats persons who require high risk or specialized services. The County shall not discriminate in the selection, reimbursement, or indemnification of any provider who is acting within the scope of their license and/or certification.

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IV. AUTHORITY/RESPONSIBILITY:

Contract Managers
Alcohol and Drug Administrator
Mental Health and Substance Use Services Director

V. PROCEDURE:

The County shall be responsible for ensuring that benefits and services offered by the DMC-ODS, the State Plan Amendment, and SAPT and other funds for subsidized services are consistent with the Negotiated Net Amount (NNA) and Drug/Med-Cal (DMC) single State-County Contract and Intergovernmental Agreement with the California Department of Health Care Services (DHCS).

The following standards and procedures to ensure compliance have been established in the areas of selection and retention of providers, contract denial and appeal process, and provider service requirements.

A. SELECTION AND RETENTION OF PROVIDERS:

Services that will be provided by community based providers and/or independent contractors shall be allocated via a competitive bid process, unless otherwise determined by the MHSUS Director or County Alcohol and Drug Administrator. Types of solicitations can include a Request for Proposal (RFP), a Request for Qualifications (RFQ), or a Request for Letters of Interest (RFI). During solicitation and selection the following protocol will be applied:

1. In general, MHSUS shall select providers for programs and services through a competitive solicitation process that allows for the selection to be made on an objective and fair basis. Although the term of the award may vary depending on funding source requirements and other factors, the typical contract award term is three years, with the potential to extend to up to five years, depending on contract performance and availability of funding. Despite the term of the award, annual renewals are contingent on successful contract performance, continued need for the service(s), availability of funding and other factors that the County may deem appropriate. In general, the competitive solicitation process for existing contracted services should take place at least every five years.
2. MHSUS staff shall make every effort to treat all bidders, and potential bidders, in the same fashion unless otherwise outlined in the competitive bid documents.

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Unless otherwise noted in the solicitation documents, typically, the following will apply:

- a) During a solicitation process contact regarding the specific subject of the solicitation between potential or actual applicant and County staff is restricted unless the solicitation authorizes a question and answer period. During a question and answer period, to maintain a fair and impartial process, all questions regarding a solicitation must be submitted in writing via the County's website and contain a contact name and address.
 - b) Neither county staff nor applicant shall discuss questions or answer questions, or provide or solicit information, opinion, interpretation, or advocate or lobby except through the authorized question and answer protocol.
3. MHSUS staff shall seek to broadly advise potential bidders of the upcoming selection process and the opportunity to compete for Marin County MHSUS contracts. All solicitations shall be posted on the Department's public website.
 4. An applicant may not be recommended for funding, regardless of the merits of the application submitted, if it has a history of contract non-compliance with the requirements of Marin County Department of Health and Human Services ("HHS") or other funding source or poor past or current contract performance with any HHS or other funding source. The applicant may be given a provisional award with the stipulation that special terms and conditions regarding the areas of concern will be a part of the contract.

The County requires all funded treatment programs to receive Alcohol and Drug Certification and/or licensing from the California Department of Health Care Services, as applicable. Certification must remain current and in good standing. In order to be selected as a Medi-Cal provider, the program must be certified and considered in good standing by the State of California to provide Drug/ Medi-Cal services.

No provider or their employee(s) shall be disqualified or ineligible for the award of contracts by any Federal agency. MHSUS staff shall check the County-identified debarment websites for all agencies and individuals prior to contract approval and debarment certification shall be included in contract agreements.

B. CONTRACT DENIAL AND APPEAL PROCESS:

In the event that an applicant has been denied the opportunity to contract with the County of Marin, Division of MHSUS for substance use services, the contractor has the opportunity to appeal if they meet appeal criteria outlined in the solicitation documents.

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Unless otherwise noted in the solicitation documents, should an applicant not accept the decision in the Notice of Intent to Award, the following appeal process may be exercised:

1. The appellant applicant must file a Notice of Intent to Appeal with the County Office that issued the solicitation. Certified or registered mail must be used. No other method of delivery will be accepted. The Notice of Intent to Appeal must be received at the address stated no later than ten working days after the Notice of Intent to Award letter has been posted and mailed to all participating applicants. Address the Notice of Intent to Appeal to the individual and address indicated in the solicitation document, typically the County Alcohol & Drug Administrator.
2. The Notice of Intent to Appeal must include a full and complete written statement specifying the grounds for the appeal. Unless otherwise noted in the solicitation document, areas subject to appeal are: appeal from disqualification; appeal from rejection notice; appeal from award to another applicant; or appeal challenging the validity of the process. The appeal should identify the appealing party, be in writing, refer to the specific solicitation sections and pertinent documents, and state the relief requested.
3. The notice will be forwarded, through the appropriate administrative channels, to the Director of the Marin County Department of Health and Human Services, or designee. The Department Director or designee may review the original solicitation documents, the public notice, and the scoring instruments of the application review committee, and any other document deemed appropriate. The decision of the Department Director or designee shall be final.

For DMC-ODS Waiver contracts, the additional procedures apply:

1. If the County does not render a decision within 30 Calendar days after the protest was filed, the protest shall be deemed denied and the provider may appeal the failure to DHCS.
2. After the County's appeal process has been exhausted a provider may appeal to DHCS if it believes that the County erroneously rejected the provider's solicitation for a contract. A provider may appeal to DHCS, following an unsuccessful contract protest, if the provider meets all objective qualifications and it has reason to believe the County has an inadequate network of providers to meet beneficiary need and the provider can demonstrate it is capable of providing high quality services under current rates, and:
 - a. It can demonstrate arbitrary or inappropriate county fiscal limitations; or

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- b. It can demonstrate that the contract was denied for reasons unrelated to the quality of the provider or network adequacy.

C. PROVIDER PERFORMANCE AND SERVICE REQUIREMENTS:

Providers will be required to meet contracted requirements, including but not limited to:

1. Adhere to the CalOMS Prevention and Treatment reporting requirements [MHSUS--ADP-16: "CalOMS Treatment Data Collection Policy" and MHSUS-ADP-17: "Primary Prevention Services Policy"].
2. As applicable, collect and report data related to the access, timeliness, quality and integration of services measures in the MHSUS Quality Improvement Plan;
3. Participate in a mid-year self-audit and site visit.
4. Participate in program evaluation and quality improvement activities, and submit progress and annual program evaluation reports.
5. Have sound accounting and fiscal practices including financial record keeping.
6. Perform necessary audits, including allowing County staff to have access to and review all applicable financial, personnel and other related documentation of service delivery upon request.
7. Comply with funding source requirements and meet quality assurance standards outlined by the County.
8. Supply cost report data and submit reimbursement back to the County for funds claimed and advanced to the provider for non-allowable costs as outlined in the contract with the County or as required by the SAPT Block Grant and Drug/Medi-Cal Program.
9. Provide culturally competent services and ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations.
10. For SAPT and other non-Medi-Cal funds included in the Marin County contract agreement, services shall be for Marin County residents only, unless otherwise specified in the contract.

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11. Ensure staff has not been excluded/suspended or sanctioned from federal or state Medicare or Medicaid services (MHSUS Policy No. 214-02).
12. Adhere to all other applicable policies and procedures outlined in the Contractor Manual and MHSUS Policies and Procedures posted at www.MarinHHS.org/MHSUS.

All treatment providers are also required to adhere to the following:

1. Adhere to applicable performance standards outlined in the MHSUS Quality Improvement Plan and as required by DHCS and/or CMS.
2. Have a head of service that is available during regular business hours and provide for the appropriate supervision of staff.
3. Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Non-professional staff shall receive appropriate on-site orientation and training prior to performing assigned duties. Non-professional staff will be supervised by professional and/or administrative staff. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring.
4. Establish procedures to ensure medical attention for emergency and crisis medical conditions are provided immediately.
5. Meet the established ASAM criteria for each contracted level of care and ensure that the staff making level of care recommendations is trained in the ASAM criteria prior to providing services. Residential treatment providers shall receive an ASAM designation(s) from DHCS prior to claiming for services.
6. Implement at least two of the following Evidenced Based Practices (EBPs) for each modality of services, and assess fidelity to said EBPs: Motivational Interviewing, Cognitive Behavioral Therapy, Relapse Prevention, Trauma Informed Treatment and Psycho-education.
7. Have procedures for linkage/integration for clients requiring medication assisted treatment. Provider staff will regularly communicate with physicians of clients who are prescribed these medications unless the client refuses to consent to sign a 42 CFR, Part 2 compliant release of information for this purpose.

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8. Provide linkage to—and participate in care coordination and collaborative treatment planning with—physical health and mental health services, as applicable, for clients, unless the client refuses to consent to sign 42 CFR, Part 2 compliant releases of information for these purposes.

9. Make translation services available for clients, as needed.

All Drug/Medi-Cal Providers are also required to adhere to the following:

1. Have a Medical Director who is enrolled with DHCS under applicable State regulations, has been screened in accordance with 42 CFR 455.450(a) as a “limited” categorical risk; and has signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107 if providing Medi-Cal services.
2. Adhere to Drug/Medi-Cal certification, access, quality, documentation, staffing and other requirements, as applicable [MHSUS-ADP-18: “Drug/Medi-Cal”].
3. Ensure that no persons eligible for Medi-Cal services will be placed on waiting lists for such services due to budgetary constraints.
4. Ensure that for State Plan Drug/Medi-Cal benefits, Marin County-operated and contracted providers will serve Medi-Cal beneficiaries regardless of the County of origin. For Marin County DMC-ODS Waiver benefits, Marin County-operated and contracted providers will only serve Marin County Medi-Cal beneficiaries.
5. Participate in annual training on applicable County, State and Federal regulation, including, but not limited to Title 22.

D. MONITORING AND AUDITING:

The County will monitor compliance with these and other contract terms and conditions at least annually via a Self-Audit and onsite monitoring review. Providers found to be non-compliant will be provided technical assistance and required to complete and submit a Corrective Action Plan, as applicable.