County of Marin **Behavioral Health and Recovery Services**	POLICY NO. BHRS-SUS-24 Next Review Date: November 2020
POLICY: **MONITORING POLICY** **SUPERCEDES: NOT APPLICABLE**	Date Approved: Date Reviewed/Approved: November 14, 2017 By: Suzanne Tavano Suzanne Tavano, PhD Director, Behavioral Health and Recovery Services

POLICY: MONITORING

I. PURPOSE:

The purpose of this policy is 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:

State/County Intergovernmental Agreement, Exhibit A, Attachment I
County Professional Services Contract
42 CFR, Part 438
CCR, Title 22 Drug/Medi-Cal
Drug/Medi-Cal Organized Delivery System (DMC-ODS) Standard Terms and Conditions (STCs)
Policy MHSUS-ADP-19 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

performance and outcome measures, monthly 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 SABG, 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 sends copies of all monitoring reports to DHCS via an encrypted email to SUDCountyReports@dhcs.ca.gov within two weeks of issuance.

Monthly Documentation Reviews: To ensure the provision of high quality care, compliance with applicable regulations, and submission of accurate claims to DHCS, BHRS Quality Management performs a monthly documentation review at all contracted and County-operated treatment facilities.

1. At the beginning of each month, BHRS staff compiles a list of all new beneficiaries accessing services, beneficiaries due for a treatment plan update, 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 staff will also provide a high-level review of other requirements outlined in Title 22, Title 9 and the DMC-ODS STCs.
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
    g. Assessment of the beneficiaries' experiences
    h. Telephone access line and services in the prevalent non-English languages.
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 submits a Grievance and Appeal log to DHCS quarterly.
6. All other monitoring identified in Policy MHSUS-ADP-19 Selective Provider Contracting.
7. 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.MarinHHS.org/BHRS or www.DHCS.ca.gov.