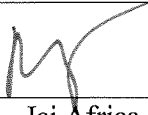


County of Marin <b>Behavioral Health and Recovery Services (BHRS)</b>	POLICY NO. BHRS-24
	Next Review Date: January 1, 2024
<b>POLICY:</b>	Date Approved: January 28, 2021
<b><u>SUBSTANCE USE SERVICES MONITORING</u></b>	
<b>SUPERCEDES:</b> <b>BHRS-SUS-24</b>	By:  Jei Africa, PsyD Director of Behavioral Health and Recovery Services

**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 Abuse Prevention and Treatment Block Grant (SABG) Performance Contract  
 State/Marin County DMC-ODS Intergovernmental Agreement (IA)  
 42 CFR, Part 438  
 CCR, Title 22 Drug/Medi-Cal  
 Drug/Medi-Cal Organized Delivery System (DMC-ODS) Standard Terms and Conditions (STCs)  
 Policy BHRS-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

County of Marin <b>Behavioral Health and Recovery Services (BHRS)</b>	POLICY NO. BHRS-68
	Next Review Date: January 1, 2024
<b>POLICY:</b>	Date Approved: January 28, 2021
<b><u>SUBSTANCE USE SERVICES MONITORING</u></b>	

**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 as outlined in Policy BHRS-28 Provider Credentialing. 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 10<sup>th</sup> 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](mailto:SUDCountyReports@dhcs.ca.gov) within two weeks of issuance.

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**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, medical necessity updates 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

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- 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 BHRS-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](http://www.MarinHHS.org/BHRS) or [www.DHCS.ca.gov](http://www.DHCS.ca.gov).

**BHRS**  
**Checklist for New or Revised Policies and Procedures**

**Please submit this checklist to the BHRS Policy and Procedure Working Group Lead along with the first draft copy of your policy and accompanying documents.**

Date of initial submission: 11/5/2020

Type of Update:

- New – Justification:
- Revision to Existing Policy or Procedure, Policy Number:

Complete Title of Policy: Monitoring

Lead Staff Name / Subject Matter Expert: Jordan Hall

Other Staff Involved in Drafting of Policy: Cat Condon

System(s) of Care Affected:  ALL BHRS  Mental Health Only  SUDS only

1. For **new** policies, summarize what the policy covers and explain the need for a new policy.  
OR  
For **revised** policies, summarize the changes that need to be made to the existing policy:  
Updated references, dates and verified links were accurate/live
2. List any existing governmental regulations that relate to policy or state “None”:  
Substance Abuse Prevention and Treatment Block Grant (SABG) Performance Contract
3. Describe how policy will impact consumer access to care or state “N/A”:  
NA
4. Have you compared this policy to similar policies in other counties?  Yes  No  
If so, list counties whose policies were reviewed:
5. Will this policy require staff training?  Yes  No  
If so, indicate what staff will need to be trained and what training will be needed.
6. Will forms need to be developed or revised for this policy or policy update?  Yes  No If so, list forms that will need to be developed or revised (please list form number if available):  
No new forms but will continue to revise monitoring forms as needed to align with P&P
7. Describe any other changes that will need to be made in Behavioral Health (financial, consumer care, etc.) as a result of this policy:  
NA

**BHRS**  
**Checklist for New or Revised Policies and Procedures**

8. Who needs to review this policy?

BHRS staff: Jei Africa

Other County Staff:

Community partners: