



<b>Health Care Agency Mental Health and Recovery Services Policies and Procedures</b>	Section Name:	Compliance
	Sub Section:	Fiscal
	Section Number:	07.02.03
	Policy Status:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised

	SIGNATURE	DATE APPROVED
Director of Operations Mental Health and Recovery Services	<u>Signature on File</u>	<u>2/1/2022</u>

**SUBJECT:** Substance Use Disorder (SUD) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Provider Monitoring

**PURPOSE:**

To establish a policy and procedures for monitoring Substance Use Disorder (SUD) County operated and County contracted providers, including those under the Drug Medi-Cal Organized Delivery System (DMC-ODS) and Substance Abuse Prevention and Treatment Block Grant (SABG).

**POLICY:**

Mental Health and Recovery Services (MHRS) SUD program and Authority and Quality Improvement Services (AQIS) administration staff shall be jointly responsible for ensuring that annual monitoring of SUD providers occurs every fiscal year, and monitoring reports are submitted to the Department of Health Care Services (DHCS) within two (2) weeks of issuance.

Annual provider monitoring shall be a joint responsibility for AQIS SUD Support monitoring staff, MHRS Program monitoring staff and Health Care Agency (HCA) Procurement and Contracts Services (PCS) staff, whereby reviews of provider clinical records and utilization review shall be done by AQIS staff and programmatic/administrative monitoring shall be done by MHRS Program staff and fiscal monitoring shall be done by PCS staff.

**SCOPE:**

This monitoring and report submission process applies to SUD programs funded by the DMC-ODS and SABG. Provider monitoring is required of all providers that receive DMC-ODS or SABG funds, including treatment providers; recovery residences; prevention providers and out of county providers or those who provide services to Orange County beneficiaries and SUD clients under single case agreements, known as "Letter of Agreement" or LOA.

**REFERENCES:**

Intergovernmental Agreement for the provision of Drug Medi-Cal Organized Delivery System (DMC-ODS)

SABG Application Enclosure 2, I, 3, A, 1, a-e

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HCA Contract Development & Management Contract Administrator Responsibilities, No. A.2, Rev. 3/2011

HCA Contract Development & Management Annual Site Visit, No. A.3, Rev. 3/2011

HCA Contract Development & Management Year End Cost Reports/Expenditure & Revenue Reports, No. A.5, Rev. 2/21/2006

**PROCEDURE:**

- I. County MHRS Provider Monitoring procedures shall be as follows.
  - A. AQIS SUD Support Team staff shall conduct, at least annually, a utilization and clinical records review of all DMC-ODS county and county contracted providers to ensure covered services are being appropriately rendered.
  - B. MHRS Adult and Older Adult (AOA) and MHRS Children, Youth and Prevention (CYP) Program/contract monitoring staff shall conduct annual onsite monitoring reviews of DMC-ODS and SABG funded SUD contracted services for programmatic requirements.
  - C. AQIS SUD Support Team staff shall conduct programmatic monitoring reviews for county operated SUD treatment and prevention programs.
  - D. HCA Procurement and Contract Services (PCS) staff shall conduct annual site reviews and monthly fiscal monitoring reviews of all SABG and DMC-ODS funded contract providers pursuant to the following PCS Policies and Procedures:
    1. A.2., Section D. Contract Administrator responsibilities related to Expenditure and Revenue Reports.
    2. A.3., Contract Administrator responsibilities for Annual Site Visits.
    3. A.5., Contract Administrator responsibilities for Year End Cost Reports and Monthly Expenditure and Revenue Report monitoring.
- II. Provider Monitoring Reports Formatting and Submissions Process
  - A. The annual reviews shall include an on-site visit of the service provider.
  - B. Monitoring reports shall include clear identification of the type of review for each provider, including:
    1. Provider name and address
    2. Provider number as shown on the Department of Health Care Services (DHCS) Master Provider File (MPF)

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3. Type of provider
  4. Fiscal Year for the review
  5. Type of review
  6. A statement that the review was conducted onsite
  7. Date of review
  8. Date of report issuance
- C. MHRS AOA and CYP Program contract monitoring staff and PCS staff shall forward all completed monitoring reports to AQIS SUD Support at the time of issuance by including [AQISSUDSupport@ochca.com](mailto:AQISSUDSupport@ochca.com) in the monitoring report notices to providers.
- D. Reports of the annual reviews shall be provided to DHCS' Performance and Integrity Branch by AQIS SUD Support Team designated staff at:
1. Department of Health Care Services Medi-Cal Behavioral Health Division  
1500 Capitol Avenue, MS-2623 Sacramento, CA 95814 or
  2. Through the DHCS MoveIT secure file transfer application.
- E. The County's monitoring reports shall be provided to DHCS within two (2) weeks of issuance.
- III. The AQIS SUD Support Team Service Chief or SUD Support Manager designee shall be responsible for ensuring that all monitoring activities take place and monitoring reports are submitted to DHCS as required.
- A. Supporting tasks may be assigned to other AQIS staff by the AQIS SUD Support Team Service Chief as appropriate
  - B. At least two (2) AQIS staff shall have continuous access to the MoveIT application, one of whom shall be the AQIS SUD Support Team Service Chief.
- IV. AQIS SUD Support Team staff shall be responsible for monitoring and attesting compliance with and/or completion of DHCS Corrective Action Plan (CAP) requirements for Post-service Post-payment and Post-service Pre-payment (PSPP) Utilization Reviews by DHCS of MHRS contracted providers as detailed in the DMC-ODS Intergovernmental Agreement Article III, Section DD State Monitoring.
- A. AQIS shall be responsible to attest to DHCS that the requirements in the CAP have been completed by MHRS contracted provider, using the form developed by DHCS.

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1. Submission of DHCS Form 8049 by MHRS staff shall be accomplished within the timeline specified in the approved CAP, as noticed by DHCS.
- B. AQIS will also provide oversight regarding the compliance with and/or completion of DHCS Corrective Action Plan (CAP) requirements for Post-service Post-payment and Post-service Pre-payment (PSPP) Utilization Reviews by DHCS of MHRS contracted providers.