



Substance Use Disorder and Recovery Services Program Monitoring Review Procedure

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Purpose To provide Department of Behavioral Health (DBH), Substance Use Disorder and Recovery Services (SUDRS) staff, DBH clinics and contracted provider's information and guidelines regarding their required participation in SUD monitoring reviews.

SUDRS Monitoring Procedure The steps DBH-SUDRS will follow during monitoring reviews of DBH or clinics and contracted providers are described in the table below:

Step	Action
1	<p>Program Coordinator or designee sends notification letter to the provider seven (7) to ten (10) business days prior to the scheduled monitoring review date, which will include the following: Date, time and location of the monitoring review;</p> <ul style="list-style-type: none"> • Type of review: Annual, Quality Assurance Review (QAR), etc.; • Modality/program to be reviewed; • Name of the Program Coordinator conducting the monitoring review, and • List of items that will be requested during or prior to the monitoring review. <p>Note: Copies of the notification letter will be maintained in the SUDRS master provider's permanent file, as well as the Program Coordinator's provider file.</p>

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Substance Use Disorder and Recovery Services Program Monitoring Review Procedure, Continued

DBH
Monitoring
Procedure,
continued

Step	Action
2	<p>At the time of the review the Program Coordinator will:</p> <ul style="list-style-type: none"> • Conduct an entrance interview with provider staff explaining the review process, including items SUDRS will review. • Monitor the provider utilizing a designated tool to match the type of review, which may include one of the following: <ul style="list-style-type: none"> ○ SUDRS Agency Annual Evaluation tool ○ Quality Assurance Review (QAR) Tool ○ Medication Monitoring Tool ○ Environmental Prevention Annual Review Tool • Conduct an exit interview with provider staff to review findings, explain SUDRS timeframes, and Corrective Action Plan (CAP) requirements. <p>Note: The provider representative attending the entrance and exit interviews will be required to sign the review tool to indicate acknowledgement of items reviewed.</p>
3	<p>Program Coordinator will complete a written report of findings from the monitoring review and send to the provider within <u>thirty (30) calendar days</u> of review.</p> <p>The report will indicate the fiscal year of the review and type of review conducted, including one of the following:</p> <ul style="list-style-type: none"> • Required annual monitoring review • Quarterly QAR • Follow-up direct service observation • Follow-up on CAP implementation plan • Technical assistance session
4	<p>Program Coordinator who conducted the review will sign and date the report and forward to the SUDRS Program Manager II or designee who will also review, sign and date the report.</p>
5	<p>Designated SUDRS staff will distribute the report via encrypted e-mail to the provider with a mail delivery receipt request.</p>

Note: Copies of the report and tool used during the monitoring review will be maintained in both the provider's master file and the Program Coordinator's provider file.

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Substance Use Disorder and Recovery Services Program Monitoring Review Procedure, Continued

DHCS Reporting

Designated SUDRS support staff will submit copies of **annual monitoring review** reports within **2 weeks** of the date of completion by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov or by mail to DHCS' Performance & Integrity Branch:

Department of Health Care Services
SUD – Program, Policy, and Fiscal Division
Performance & Integrity Branch
PO Box 997413, MS-2627
Sacramento, CA 95899-7413

Note: Designated SUDRS support staff will track all **annual monitoring review** submissions to DHCS via SUDRS Annual Review to DCHS Tracking log.

Corrective Action Plan

If deficiencies are identified during a monitoring review, the provider is required to submit a CAP to SUDRS, which must include:

- A specific description of how the deficiency or deficiencies will be corrected.
- The title of the individual(s) responsible for:
 1. Correcting deficiency/deficiencies
 2. Ensuring on-going compliance
- A specific description of method provider will implement to ensure ongoing compliance.
- Specify the target date of implementation of the corrective action.

Important: The CAP is due to SUDRS within **thirty (30) calendar days** of delivery of report to the provider.

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Substance Use Disorder and Recovery Services Program Review Procedure, Continued

CAP Approval
or
Denial

Within **fifteen (15) calendar days** of receipt of CAP, SUDRS will review the CAP and send the provider a Corrective Action Plan Response (CAPR) in writing, approving or denying the CAP.

The chart below details the actions that will be taken by SUDRS when:

1. CAP is approved
2. CAP is not approved
3. CAP is not submitted
4. CAP provisions are not implemented

If ...	Then ...
CAP is approved	<ol style="list-style-type: none"> 1. Program Coordinator will notify the provider via email of the approval in writing utilizing the CAPR. 2. A follow-up evaluation of CAP implementation will be scheduled (see Corrective Action Plan Follow Up section below)
CAP is <u>not</u> approved	<ol style="list-style-type: none"> 1. Program Coordinator will notify the provider is notified in writing of non-approval utilizing the CAPR. Guidance will be provided on the deficient areas and request an updated CAP be submitted within fifteen (15) calendar days from the date of CAPR. 2. Provider will submit an updated CAP within fifteen (15) calendar days. SUDRS will review and send CAPR of updated CAP status.

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Substance Use Disorder and Recovery Services Program Review Procedure, Continued

CAP Approval or Denial, continued

If ...	Then ...
CAP is not submitted	<p>Program Coordinator will send the provider a written CAPR indicating CAP has not been received by due date, and CAP submission is requested <u>within ten (10) calendar days</u> from the date of the CAPR.</p> <p>Note: SUDRS may take progressive action, including but not limited to:</p> <ul style="list-style-type: none"> • Placing the provider on probationary status as per contractual agreement, and/or, • Withholding funds until the provider is in compliance. <p>In such instances, SUDRS will inform the provider when they are placed on probationary status or when funds will be withheld.</p>
Provider agency does not implement the approved CAP provisions within the designated timeline	<p>SUDRS may take progressive action, including but not limited to:</p> <ul style="list-style-type: none"> • Placing the provider on probationary status as per contractual agreement, and/or, • Withholding funds until the provider is in compliance. <p>In such instances, SUDRS will inform the provider when they are placed on probationary status or when funds will be withheld.</p>

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Substance Use Disorder and Recovery Services Program Review Procedure, Continued

**Corrective
Action Plan
Follow-up**

Upon approval of the CAP the agency is notified via the CAPR. The SUDRS Program Coordinator monitors the provider for target dates and CAP completion in accordance with the following:

Step	Action
1	Program Coordinator monitors the provider's CAP implementation to ensure CAP implementation completion within thirty (30) calendar days of CAPR approval.
2	<p>The Program Coordinator will verify CAP implementation by:</p> <ul style="list-style-type: none"> • Requesting evidence of implementation, or • Conducting a follow-up site visit, if necessary. <p>Examples:</p> <ul style="list-style-type: none"> ○ Evidence: Provider was cited for insufficient progress notes. The provider indicated in their CAP they would conduct a training for staff on progress notes. Once the training has been completed the provider can send the training PowerPoint presentation or material and a staff sign-in sheet as <u>evidence</u> of implementing the CAP correction. ○ Follow-up site visit: Provider was cited for missing required postings. The provider contacts the Program Coordinator indicating all posting are now in place. The Program Coordinator schedules a <u>follow-up site visit</u> to verify the required postings are <i>in fact</i> posted.
4	If deficiencies still do not to meet mandated requirements, the provider will be advised to revise the CAP response and provide updated information on how the deficiencies will be remedied within fifteen (15) calendar days .
5	<p>If the deficiencies are not corrected or do not meet mandated requirements within the mandated timeframes, SUDRS may take progressive action including but not limited to:</p> <ul style="list-style-type: none"> • Placing the provider on probationary status as per contractual agreement, and/or, • Withholding funds until the provider is in compliance with mandated requirements. <p>Note: In such instances, SUDRS will inform the provider when they are placed on probationary status or when funds will be withheld.</p>

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Substance Use Disorder and Recovery Services Program Monitoring Review Procedure, Continued

Corrective Action Plan Follow-up, continued

Step	Action
6	Once all deficiencies have been cleared from the CAP, the Program Coordinator will send a CAP completion letter to the provider within <u>thirty (30) calendar days</u> of confirming CAP actions are complete.

DHCS Monitoring

DHCS completes annual monitoring reviews of DBH for DMC-ODS and/or SABG services. DHCS also completes Postservice-Postpayment (PSPP) and Postservice - Prepayment reviews of DBH clinics and contracted providers at their discretion.

The following steps are conducted for **DHCS Annual Monitoring Reviews**:

Step	Action
1	DHCS notifies SUDRS of scheduled review and sends the annual monitoring tool(s) with a deadline for completion.
2	SUDRS completes the monitoring tool(s) and provides supporting documentation.
3	DHCS completes either a desk or in-person review. Once review is complete DHCS issues a report.
4	SUDRS develops a CAP for any deficiencies cited.
5	SUDRS implements corrective action until all deficiencies are cleared by DHCS. <ul style="list-style-type: none"> • DHCS may remove SUDRS from participation in the Waiver if a CAP is not implemented in a timely manner. • If SUDRS were removed from participating in the Waiver, DMC services would be provided in accordance with the CA Medi-Cal State Plan

The following steps are conducted for **DHCS Postservice – Postpayment and Postservice – Prepayment Reviews**:

Step	Action
1	DHCS completes a review on a SUDRS clinic or contracted provider.
2	DHCS issues a PSPP report to SUDRS with a copy to the provider.

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DHCS
Monitoring,
continued

Step	Action
3	A CAP is submitted within 60 days of the date of the PSPP report. The provider completes the CAP, SUDRS reviews and provides guidance to the provider on CAP completion and approves for submission to the DHCS.
4	DHCS provides written approval of the CAP to SUDRS with a copy to the provider. <ul style="list-style-type: none"> • If the CAP is not approved, DHCS will provide guidance on the deficient areas and request an updated CAP. • The updated CAP is submitted within 30 days of notification that CAP was deficient.
5	If a CAP is not submitted, or the provider does not implement the approved CAP provisions within the designated timeline, DHCS may withhold funds from SUDRS until the entity that provided the services is in compliance. DHCS will notify SUDRS when funds are to be withheld.
6	SUDRS may appeal dispositions concerning demands for recovery of payment and/or programmatic deficiencies of specific claims. <i>Refer to the Intergovernmental Agreement with DHCS for detailed instructions regarding the appeal process.</i>
7	SUDRS will monitor and attest compliance and/or completion of CAP requirements utilizing the DHCS 8049 form. <ul style="list-style-type: none"> • SUDRS Program Coordinator will complete and submit the form within the specified timeline in the approved CAP, as cited by DHCS. Forms are submitted to: SudCountyReports@dhcs.ca.gov.
8	Designated SUDRS support staff will track form submission.

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**Quarterly
Quality
Assurance
Reviews (QAR)**

SUDRS Program Coordinators will complete quarterly QAR chart reviews utilizing a modality-specific QAR tool, reviewing a random selection of client charts, both open and closed within the quarter, in accordance with the following guideline:

- 10 charts or 10% of provider caseload for the specific modality under review.
- Range of months of client charts which will be reviewed during each quarter of QAR's as listed below.

Quarter	Months
1 st	July, August, September
2 nd	October, November, December
3 rd	January, February, March
4 th	April, May, June

**Related Policy
or Procedure**

The policies and procedures listed below can be found in the [DBH Standard Practice Manual](#):

- Compliance Verification, Auditing and Monitoring Policy (COM0917)
 - Substance Use Disorder and Recovery Services Program Monitoring Review Procedure (SUDRS0207-1)
 - Consistency in Inpatient and Outpatient Utilization Review and Authorization Practices Policy (QM6038)
 - Consistency in Inpatient Utilization Review and Authorization Practices Procedure (QM6038-1)
 - Consistency in Outpatient Utilization Review and Authorization Practices Procedure (QM6038-2)
 - Substance Use Disorder and Recovery Services Monitoring Review Policy (SUDRS0207)
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Reference(s)

- Drug Medi-Cal Organized Delivery System (DMC-ODS) Intergovernmental Agreement
 - Substance Abuse, Prevention and Treatment Block Grant (SABG) Application
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