



JENNIFER KENT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

June 14, 2019

Sent via e-mail to: Nathan.hobbs2@acgov.org

Nathan Hobbs, LCSW, Interim AOD Program Administrator  
Alameda County Behavioral Health Care Services  
2000 Embarcadero  
Oakland, CA 94606

SUBJECT: Annual County Performance Unit Report

Dear Interim Administrator Hobbs:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Substance Abuse Block Grant (SABG) and operated by Alameda County.

The County Performance Unit (CPU) within the Substance Use Disorder Program, Policy, and Fiscal Division (SUDPPFD) of DHCS conducted a review of the County's compliance with contract requirements based on responses to the monitoring instrument, discussion with county staff, and supporting documentation provided by the County.

Enclosed are the results of Alameda County's 2018-19 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Alameda County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 7/15/2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to the CPU analyst or mailed to the address listed below.

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

*C. Queen*

Cassandra Queen  
(916) 713-8568  
cassandra.queen@dhcs.ca.gov

Substance Use Disorder  
Program, Policy and Fiscal Division  
County Performance Unit  
P.O. Box 997413, MS 2627  
Sacramento, CA 95814  
<http://www.dhcs.ca.gov>

Distribution:

To: Interim Administrator Hobbs

CC: Tracie Walker, Performance & Integrity Branch Chief  
Sandi Snelgrove, Prevention and Family Services Section Chief.  
Janet Rudnick, Utilization Review Section Chief  
Cynthia Hudgins, Quality Monitoring Section Chief  
Susan Jones, County Performance Supervisor  
Tianna Hammock, Drug Medi-Cal Monitoring Unit I Supervisor  
Stephanie Quok, Drug Medi-Cal Monitoring Unit II Supervisor  
Tiffany Stover, Postservice Postpayment Unit I Supervisor  
Eric Painter, Postservice Postpayment Unit II Supervisor  
Jessica Fielding, Office of Women, Perinatal and Youth Services Supervisor  
Judy Arietta, Compliance Officer – Alameda County Behavioral Health Care Services  
Theresa Ly, Program Specialist – Alameda County Behavioral Health Care Services  
Tony Sanders, Interim Quality Assurance Associate Administrator – Alameda County Behavioral Health Care Services

<b>Lead CPU Analyst:</b> Cassandra Queen	<b>Date of Review:</b> 4/22/2019 - 4/24/2019
<b>Assisting CPU Analyst(s):</b> Mike Bivians Michael Ulibarri	
<b>County:</b> Alameda	<b>County Address:</b> 2000 Embarcadero Oakland, CA 94606
<b>County Contact Name/Title:</b> Theresa Ly, SUD Program Specialist	<b>County Phone Number/Email:</b> (510) 383-1666 / <a href="mailto:theresa.ly@acgov.org">theresa.ly@acgov.org</a>
<b>Report Prepared by:</b> Cassandra Queen	<b>Report Approved by:</b> Susan Jones

## REVIEW SCOPE

- I. Regulations:
  - a. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
  - b. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block
  - c. HSC, Division 10.5, Section 11750 – 11970: State Department of Health Care
- II. Program Requirements:
  - a. State Fiscal Year (SFY) 2018-19 State County Contract, herein referred to as State County Contract
  - b. State of California *Youth Treatment Guidelines Revised August 2002*
  - c. DHCS *Perinatal Services Network Guidelines SFY 2016-17*
  - d. National Culturally and Linguistically Appropriate Services (CLAS)
  - e. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### Entrance Conference:

An entrance conference was conducted at 2000 Embarcadero Suite 205, Oakland, CA 94606 on 4/22/2019. The following individuals were present:

- Representing DHCS:  
Cassandra Queen, Associate Governmental Program Analyst (AGPA)  
Mike Bivians, AGPA  
Michael Ulibarri, AGPA
- Representing Alameda County:  
Lisa Moore, Provider Relations Manager  
Tony Sanders, Interim Quality Assurance Associate Administrator  
Theresa Ly, Program Specialist  
Nhung Mai, Substance Use Disorder Administrative Assistant  
Rickie M. Lopez, Interim Director Network Office  
Nathan Hobbs, Interim Alcohol and Other Drugs Program Administrator  
Natalie Courson, Director, Behavioral Health Information Systems  
Rudy Arieta, Quality Management Director & Compliance Officer  
Wendi Vargas, Assistant Director, Network Office  
Kirby Smith, Cost Report Manager  
David Woodland, Quality Assurance  
Sandy Stier, Information Systems Director  
Sphia Lai, Senior Program Specialist, Quality Improvement  
Chet Meinzer, Information Systems Manager  
Nermina Terovic, Program Contract Manager  
Charles Raynor, Director of Pharmacy

During the Entrance Conference the following topics were discussed:

- Introductions of both the DHCS and Alameda County Behavioral Health Care Services representatives present at the meeting.
- An overview of how the review would be conducted was provided by DHCS.
- Preliminary questions and concerns were fielded.

### Exit Conference:

An exit conference was conducted at 2000 Embarcadero Suite 205, Oakland, CA 94606 on 4/24/2019. The following individuals were present:

- Representing DHCS:  
Cassandra Queen, AGPA  
Mike Bivians, AGPA  
Michael Ulibarri, AGPA
- Representing Alameda County:  
Jennifer Mullare, Assistant Director, AOASOL  
James Wagner, Deputy Director  
Cecilia Serrano, Director of Finance

Lisa Carlisle, Director, Child and Young Adult  
Carol F. Burton, Interim Director  
Karen Capece, Division Director  
Rickie M. Lopez, Interim Director, Network Office  
Jararre Wilson, Ethnic Services Manager  
Lisa Moore, Provider Relations Manager  
Tony Sanders, Interim Quality Assurance Associate Administrator  
Theresa Ly, Program Specialist  
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Chet Meinzer, Information Systems Manager  
Nermina Terovic, Program Contract Manager  
CharlesRaynor, Director of Pharmacy  
Mandy Chau, Supervising FSS Cost Reporting Unit  
Laura Fultz Stout, Program Contract Manager  
Laini Pallotta, Supervisor, Substance Use Disorder Fiscal Team  
Jill Louie, Budgeting Officer

During the Exit Conference the following topics were discussed:

- A review of the county's deficiencies was presented to the county by DHCS.
- A list of items to be further researched and/or followed up on between the county and DHCS was presented.
- Closing comments and technical assistance was provided to the county.

**SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)**

<b>Section:</b>	<b>Number of CD's:</b>
<b>1.0 Administration</b>	<b>0</b>
<b>2.0 SABG Monitoring</b>	<b>2</b>
<b>3.0 Perinatal</b>	<b>0</b>
<b>4.0 Adolescent/Youth Treatment</b>	<b>0</b>
<b>5.0 Primary Prevention</b>	<b>0</b>
<b>6.0 Cultural Competence</b>	<b>0</b>
<b>7.0 CalOMS and DATAR</b>	<b>2</b>
<b>8.0 Privacy and Information Security</b>	<b>3</b>

**PREVIOUS CAPs**

During the SFY 2018-19 review, the following CAP(s) with CD(s) were discussed and are still outstanding.

**2017-18:**

**CD # 7.41.b:**

**Finding:** The County and its provider's annual updates or client discharges for beneficiaries in treatment over one year were not submitted.

**Reason for non-clearance of CD:** Service codes are being updated and this has created a delay.

**Original expected date of completion:** April 1, 2019

**Updated/revised date of completion:** November 1,

**CD # 7.41.c:**

**Finding:** The County and its providers do not submit DATAR reports by the 10<sup>th</sup> of each month.

**Reason for non-clearance of CD.** Service codes are being updated and this has created a delay.

**Original expected date of completion:** April 1, 2019

**Updated/revised date of completion:** November 1, 2019

**NR 1.10:**

**Finding:** The County did not submit the total number of referrals necessitated by religious objection to DHCS Program Support and Grants Management Branch by October.

**Reason for non-clearance of NR:** The County missed the deadline

**Original expected date of completion:** October 1, 2018

**Updated/revised date of completion:** July 1, 2019



## CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 3, 7, (a-d) each compliance deficiency (CD) identified must be addressed via a Corrective Action Plan (CAP). The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory recommendations are not required to be addressed in the CAP.

Please provide the following within the completed 2018-19 CAP.

- a) A statement of the compliance deficiency (CD).
- b) A list of action steps to be taken to correct the CD.
- c) A date of completion for each CD.
- d) Who will be responsible for correction and ongoing compliance.

The CPU analyst will monitor progress of the CAP completion.

## 2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 2.9:**

SABG State-County Contract Exhibit A, Attachment I A1, Part I, Section 3, A, 1, (e)  
*Contractor's performance under this Exhibit A, Attachment I, Part I, shall be monitored by DHCS during the term of this Contract. Monitoring criteria shall include, but not be limited to:*

- e) Whether the Contractor conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent by secure, encrypted email to:  
SUDCountyReports@dhcs.ca.gov or Substance Use Disorder-Program, Policy, and Fiscal Division  
Performance Management Branch  
Department of Health Care Services  
PO Box 997413, MS-2627  
Sacramento, CA 95899-7413*

**Finding:** The County did not monitor (8 of 23) County providers for all SABG fiscal requirements.

#### **CD 2.10:**

SABG State-County Contract Exhibit A, Attachment I A1, Part I, Section 3, A, 1 (a-e)  
*Contractor's performance under this Exhibit A, Attachment I, Part I, shall be monitored by DHCS during the term of this Contract. Monitoring criteria shall include, but not be limited to:*

- a) Whether the quantity of work or services being performed conforms to Exhibit B.*
- b) Whether the Contractor has established and is monitoring appropriate quality standards.*
- c) Whether the Contractor is abiding by all the terms and requirements of this Contract.*
- d) Whether the Contractor is abiding by the terms of the Perinatal Services Network Practice Guidelines (Document 1G).*
- e) Whether the Contractor conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent by secure, encrypted email to:  
SUDCountyReports@dhcs.ca.gov or Substance Use Disorder-Program, Policy, and Fiscal Division  
Performance Management Branch  
Department of Health Care Services  
PO Box 997413, MS-2627  
Sacramento, CA 95899-7413*

**Finding:** The County did not have all SABG program requirements within their monitoring tool. The following criteria is missing:

- Interim Services

**7.0 CALIFORNIA OUTCOMES MEASUREMENT SYSTEM TREATMENT (CalOMS Tx)  
AND DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR)**

The following deficiencies in CalOMS and DATAR regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

**CD 7.34.b:**

SABG State-County Contract, Exhibit A, Attachment I A1, Part III, B, 3, 5, 6

- (3) Electronic submission of CalOMS-Tx data shall be submitted by Contractor within 45 days from the end of the last day of the report month.*
- (5) Contractor shall submit CalOMS-Tx admissions, discharge, annual update, resubmissions of records containing errors or in need of correction, and "provider No activity" report records in an electronic format approved by DHCS.*
- (6) Contractor shall comply with the CalOMsTx Data Compliance Standards established by DHCS identified in Document 3S for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.*

SABG State-County Contract, Exhibit A, Attachment I A1, Part III, D, 6

*Contractor shall comply with the treatment and prevention data quality standards established by DHCS. Failure to meet these standards on an ongoing basis may result in withholding SABG funds.*

**Finding:** The County's open admission report is not current.

**CD 7.34.c:**

SABG State-County Contract, Exhibit A, Attachment I A1, Part III, E, (1) & (3)

- (1) The Contractor shall be responsible for ensuring that the Contractor-operated treatment services and all treatment providers, with whom Contractor makes a contract or otherwise pays for these services, submit a monthly DATAR report in an electronic copy format as provided by DHCS.*
- (3) The Contractor shall ensure that all DATAR reports are submitted by either Contractor-operated treatment services and by each subcontracted treatment provider to DHCS by the 10th of the month following the report activity month.*

**Finding:** The County's DATAR report is not current.

## 8.0 PRIVACY AND INFORMATION SECURITY

The following deficiencies in Privacy and Information Security regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 8.37:**

45 CFR Section 164.526

SABG State-County Contract, Exhibit F, F-1, 3, D, 10

*Amendment of Department PHI. To make any amendment(s) to Department PHI that were requested by a patient and that the Department directs or agrees should be made to assure compliance with 45 CFR Section 164.526, in the time and manner designated by the Department, with the Contractor being given a minimum of twenty days within which to make the amendment.*

**Finding:** The County does not have a process in place for addressing beneficiary PHI amendment requests in compliance with 45 CFR Section 164.526.

#### **CD 8.38:**

SABG State-County Contract, Exhibit F, F-1, 3, F

*If Contractor is the subject of an audit, compliance review, or complaint investigation by the Secretary or the Office for Civil Rights, U.S. Department of Health and Human Services, that is related to the performance of its obligations pursuant to this HIPAA Business Associate Exhibit F-1, Contractor shall immediately notify the Department. Upon request from the Department, Contractor shall provide the Department with a copy of any Department PHI that Contractor, as the Business Associate, provides to the Secretary or the Office of Civil Rights concurrently with providing such PHI to the Secretary. Contractor is responsible for any civil penalties assessed due to an audit or investigation of Contractor, in accordance with 42 U.S.C. Section 17934(c).*

**Finding:** The County did not notify DHCS of a complaint investigation by the Office for Civil Rights, U.S. Department of Health and Human Services that took place in SFY 2017-18.

#### **CD 8.41:**

ADP Bulletin 10-01

- 2. Counties maintain an Electronic Signature Agreement (Exhibit 1) for the terms of use of an electronic signature signed by both the individual requesting electronic signature authorization and the County Alcohol and Drug Program Administrator or his/her designee.*
- 3. County Alcohol and Drug Program Administrators complete a County Alcohol and Drug Program Administrator's Electronic Signature Certification form (Exhibit 2), certifying that electronic systems used by the county's alcohol and drug operations, including contract provider systems, meet the standards..*

**Finding:** The County does not maintain a signed County Alcohol and Drug Program Administrator's Electronic Signature Certification form.

## 9.0 TECHNICAL ASSISTANCE

DHCS's County Performance Analyst will make referrals for the training and/or technical assistance identified below.

**DATAR:** The County requested TA for DATAR. The County would like know what process to use for residential bed capacity managed by the County's call center. DHCS's Analyst has been contacted and a referral has been made.



JENNIFER KENT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

June 14, 2019

Sent via e-mail to: <Nathan.Hobbs2@acgov.org>

Nathan Hobbs  
Interim AOD Program Administrator  
Alameda County Behavioral Health Care Services  
2000 Embarcadero  
Oakland, CA 94606

SUBJECT: Annual County Performance Unit Report

Dear Administrator Hobbs:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to the requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver and the terms of the Intergovernmental Agreement operated by Alameda County.

The County Performance Unit (CPU) within the Substance Use Disorder Program, Policy, and Fiscal Division (SUDPPFD) of DHCS conducted a review of the County's compliance with contract requirements based on responses to the monitoring instrument, discussion with county staff, and supporting documentation provided by the County.

Enclosed are the results of Alameda County's 2018-19 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Alameda County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 7/15/2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to the CPU analyst or mailed to the address listed below.

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

*Michael Bivians*

Michael Bivians  
(916) 713-8966  
michael.bivians@dhcs.ca.gov

Substance Use Disorder  
Program, Policy and Fiscal Division  
County Performance Unit  
P.O. Box 997413, MS 2627  
Sacramento, CA 95814  
<http://www.dhcs.ca.gov>

Distribution:

To: Administrator Hobbs

CC: Don Braeger, Substance Use Disorders - Program, Policy and Fiscal Division Chief  
Tracie Walker, Performance & Integrity Branch Chief  
Sandi Snelgrove, Prevention and Family Services Section Chief  
Cynthia Hudgins, Quality Monitoring Section Chief  
Janet Rudnick, Utilization Review Section Chief  
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Theresa Ly, Program Specialist – Alameda County Behavioral Health Care Services  
Tony Sanders, Interim Quality Assurance Associate Administrator – Alameda County Behavioral Health Care Services



<b>Lead CPU Analyst:</b> Cassandra Queen	<b>Date of Review:</b> 4/22/2019 - 4/24/2019
<b>Assisting CPU Analyst(s):</b> Mike Bivians Michael Ulibarri	<b>Date of DMC-ODS Implementation:</b> 6/30/2018
<b>County:</b> Alameda County	<b>County Address:</b> 2000 Embarcadero Oakland, CA 94606
<b>County Contact Name/Title:</b> Nathan Hobbs, Interim AOD Program Administrator	<b>County Phone Number/Email:</b> (510) 567-8100 <a href="mailto:Nathan.Hobbs2@bhcs@acgov.org">Nathan.Hobbs2@bhcs@acgov.org</a>
<b>Report Prepared by:</b> Michael Ulibarri	<b>Report Approved by:</b> Susan Jones

## REVIEW SCOPE

- I. Regulations:
  - a. Special Terms and Conditions (STCs) for California’s Medi-Cal 2020 section 1115(a) Medicaid Demonstration STC, Part X: Drug Medi-Cal Organized Delivery System
  - b. 42 CFR; Chapter IV, Subchapter C, Part 438; §438.1 through 438.930: Managed Care
- II. Program Requirements:
  - a. State Fiscal Year (SFY) 2018-19 Intergovernmental Agreement (IA)
  - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### Entrance Conference:

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- Representing DHCS:  
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Mike Bivians, AGPA  
Michael Ulibarri, AGPA
- Representing Alameda County:  
Lisa Moore, Provider Relations Manager  
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Rudy Arieta, Quality Management Director & Compliance Officer  
Wendi Vargas, Assistant Director, Network Office  
Kirby Smith, Cost Report Manager  
David Woodland, Quality Assurance  
Sandy Stier, Information Systems Director  
Sophia Lai, Senior Program Specialist, Quality Improvement  
Chet Meinzer, Information Systems Manager  
Nermina Terovic, Program Contract Manager  
Charles Raynor, Director of Pharmacy

During the Entrance Conference the following topics were discussed:

- Introductions of both the DHCS and Alameda County Behavioral Health Care Services representatives present at the meeting.
- An overview of how the review would be conducted was provided by DHCS.
- Preliminary questions and concerns were discussed.

### Exit Conference:

An exit conference was conducted at 2000 Embarcadero Suite 205, Oakland, CA 94606. The following individuals were present:

- Representing DHCS:  
Cassandra Queen, AGPA  
Mike Bivians, AGPA  
Michael Ulibarri, AGPA
- Representing Alameda County:  
Jennifer Mullane, Assistant Director, Adult and Older Adult System of Care  
James Wagner, Deputy Director

Cecilia Serrano, Director of Finance  
Lisa Carlisle, Director, Child and Young Adult  
Carol F. Burton, Interim Director  
Karen Capece, Division Director  
Rickie M. Lopez, Interim Director, Network Office  
Jararre Wilson, Ethnic Services Manager  
Lisa Moore, Provider Relations Manager  
Tony Sanders, Interim Quality Assurance Associate Administrator  
Theresa Ly, Program Specialist  
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Mandy Chau, Supervising FSS Cost Reporting Unit  
Laura Fultz Stout, Program Contract Manager  
Laini Pallotta, Supervisor, Substance Use Disorder Fiscal Team  
Jill Louie, Budgeting Officer

During the Exit Conference the following topics were discussed:

- A review of the county's deficiencies was presented to the county by DHCS.
- A list of items to be further researched and/or followed up on between the county and DHCS was presented.
- Closing comments and technical assistance was provided to the county.

**SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)**

<b>Section:</b>	<b>Number of CDs:</b>
<b>1.0 Administration</b>	<b>0</b>
<b>2.0 Member Services</b>	<b>4</b>
<b>3.0 Service Provisions</b>	<b>0</b>
<b>4.0 Access</b>	<b>2</b>
<b>5.0 Continuity and Coordination of Care</b>	<b>0</b>
<b>6.0 Grievance, Appeal, and Fair Hearing Process</b>	<b>0</b>
<b>7.0 Quality</b>	<b>4</b>
<b>8.0 Program Integrity</b>	<b>2</b>

## CORRECTIVE ACTION PLAN

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part II, Section EE, 2 each compliance deficiency (CD) identified must be addressed via a Corrective Action Plan (CAP). The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory recommendations are not required to be addressed in the CAP.

Please provide the following within the completed 2018-19 CAP:

- a) A statement of the compliance deficiency (CD).
- b) A list of action steps to be taken to correct the CD.
- c) A date of completion for each CD.
- d) Who will be responsible for correction and ongoing compliance.

The CPU analyst will monitor progress of the CAP completion.

## 2.0 MEMBER SERVICES

The following deficiencies in the member services requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 2.10:**

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, ii, b.

- ii. For consistency in the information provided to beneficiaries, the Contractor shall use:
  - b. The Department developed model beneficiary handbooks and beneficiary notices.

Intergovernmental Agreement Exhibit A, Attachment I, 14, E

E. The Contractor shall ensure that the general program literature it uses to assist beneficiaries in accessing services including, but not limited to, the booklet required by 42 CFR 438.10, materials explaining the beneficiary problem resolution and fair hearing processes, and SUD education materials used by the Contractor, are available in the threshold languages of the Contractor's county in compliance with 42 CFR 438.10(c)(3).

**Findings:** The Plan did not provide a finalized copy of the Plan's beneficiary handbook in all County threshold languages, therefore the State was unable to verify compliance.

The submitted beneficiary handbook in English did not include all of the information required. The two most prominent missing sections were "Who Do I Contact if I'm Having Suicidal Thoughts?" and "Who do I contact If I Feel That I Was Discriminated Against?" When updating the handbook to include all of the required information, the county should access the most recent and updated version of DMC-ODS member handbook template on the County Resources page of the DHCS.ca.gov website: ([https://www.dhcs.ca.gov/provgovpart/Pages/County\\_Resources.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/County_Resources.aspx)).

#### **CD 2.11:**

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, iv. a-e.

- iv. Information Requirements (42 CFR §438.10) Beneficiary information required in this section may not be provided electronically by the Contractor unless all of the following are met:
  - a. The format is readily accessible;
  - b. The information is placed in a location on the Department or the Contractor's website that is prominent and readily accessible;
  - c. The information is provided in an electronic form which can be electronically retained and printed;
  - d. The information is consistent with the content and language requirements of this section; and
  - e. The beneficiary is informed that the information is available in paper form without charge upon request and provides it upon request within 5 business days.

**Finding:** The Plan's member handbook was not prominently and readily accessible on the Plan's website. Although the plan had the member handbook posted on the Alameda County Behavioral

Health Services webpage, there were no direct links on the county's main website to any SUD services. SUD services were found through a mental health link. In addition, access through mobile devices required navigating through a complicated menu of links that were not user friendly.

## **CD 2.14**

### **MHSUDS Information Notice: 18-020**

#### **I. Provider Directory Content**

Each Plan's provider directory must make available in electronic form, and paper form upon request, the following information for all network providers, including each licensed, waived, or registered mental health provider and licensed substance use disorder services provider employed by the Plan, each provider organization or individual practitioner contracting with the Plan, and each licensed, waived, or registered mental health provider and licensed substance use disorder services provider employed by a provider organization to deliver Medi-Cal services:

- The provider's name and group affiliation, if any;
- Provider's business address(es) (e.g., physical location of the clinic or office);
- Telephone number(s);
- Email address(es), as appropriate;
- Website URL, as appropriate;
- Specialty, in terms of training, experience and specialization, including board certification (if any);
- Services / modalities provided, including information about populations served (i.e., perinatal, children/youth, adults);
- Whether the provider accepts new beneficiaries;
- The provider's cultural capabilities (e.g., veterans, older adults, Transition Age Youth, Lesbian, Gay, Bisexual, Transgender);
- The provider's linguistic capabilities including languages offered (e.g., Spanish, Tagalog, American Sign Language) by the provider or a skilled medical interpreter at the provider's office; and,
- Whether the provider's office / facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment.
  - In addition to the information listed above, the provider directory must also include the following information for each rendering provider:
    - Type of practitioner, as appropriate;
    - National Provider Identifier number;
    - California license number and type of license; and,
    - An indication of whether the provider has completed cultural competence training.

The provider directory should also include the following notation (may be included as a footnote); "Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan's provider directory."



Plans may choose to delegate the requirement to list individuals employed by provider organizations to its providers. If the Plan delegates this requirement, the Plan's website must link to the provider organization's website and vice versa. Alternately, the Plan may elect to maintain this information at the county level. Ultimately, the Plan maintains responsibility for monitoring the network provider's compliance with these requirements.

**Finding:** The provider directory was separated into two documents (Provider Directory and Rendering Provider Directory). Neither document had all of the necessary information listed making it difficult to navigate and find required information: The below required information was either missing completely or not clearly labeled:

- National Provider Identifier number
- California license number and type of license
- An indication of whether the provider has completed cultural competence training

**CD 2.16:**

Intergovernmental Agreement Exhibit A, Attachment I, III, F, 3, x.

- x. Have a 24/7 toll free number for prospective beneficiaries to call to access DMC-ODS services and make oral interpretation services available for beneficiaries, as needed.

**Finding:** The Plan's Beneficiary Access Line did not meet the 24/7 requirement. DHCS conducted a test call on 04/02/2019 at 7:53 a.m. The operator advised that after-hours services could be received by Cherry Hills Detox Center and that she would contact them on our behalf. After attempting to make contact with them, the operator stated that Cherry Hills was not answering their phone. The operator advised that DHCS could receive a warm hand-off to Cherry Hills Detox Center for more information on how to receive DMC-ODS services during non-business hours. The call was transferred, however there was no answer from Cherry Hills.

## 4.0 ACCESS

The following deficiencies in access regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 4.26:**

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 5. a. i – ii.

- i. The Contractor shall implement written policies and procedures for selection and retention of network providers and that those policies and procedures, at a minimum, meet the following requirements:
  - a. Credentialing and re-credentialing requirements.
    - i. The Contractor shall follow the state's established uniform credentialing and re-credentialing policy that addresses behavioral and substance use disorders.
    - ii. The Contractor shall follow a documented process for credentialing and re-credentialing of network providers.

#### **MHSUDS Information Notice: 18-019**

Effective immediately, Plans must implement and maintain written policies and procedures for the initial credentialing and re-credentialing of their providers in accordance with the policy outlined in this IN...

#### Credentialing Policy

For all licensed, waived, registered and/or certified providers, the Plan must verify and document the following items through a primary source, 5 as applicable. The listed requirements are not applicable to all provider types. When applicable to the provider type, the information must be verified by the Plan unless the Plan can demonstrate the required information has been previously verified by the applicable licensing, certification and/or registration board.

1. The appropriate license and/or board certification or registration, as required for the particular provider type;
2. Evidence of graduation or completion of any required education, as required for the particular provider type;
3. Proof of completion of any relevant medical residency and/or specialty training, as required for the particular provider type; and
4. Satisfaction of any applicable continuing education requirements, as required for the particular provider type.

In addition, Plans must verify and document the following information from each network provider, as applicable, but need not verify this information through a primary source:

1. Work history;
2. Hospital and clinic privileges in good standing;
3. History of any suspension or curtailment of hospital and clinic privileges;
4. Current Drug Enforcement Administration identification number;
5. National Provider Identifier number;
6. Current malpractice insurance in an adequate amount, as required for the particular provider type;
7. History of liability claims against the provider;

8. Provider information, if any, entered in the National Practitioner Data Bank, when applicable. See <https://www.npdb.hrsa.gov/>;
9. History of sanctions from participating in Medicare and/or Medicaid/Medi-Cal: providers terminated from either Medicare or Medi-Cal, or on the Suspended and Ineligible Provider List, may not participate in the Plan's provider network. This list is available at: <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>; and
10. History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards...

### **Provider Re-credentialing**

DHCS requires each Plan to verify and document at a minimum every three years that each network provider that delivers covered services continues to possess valid credentials, including verification of each of the credentialing requirements listed above. The Plan must require each provider to submit any updated information needed to complete the re-credentialing process, as well as a new signed attestation. In addition to the initial credentialing requirements, re-credentialing should include documentation that the Plan has considered information from other sources pertinent to the credentialing process, such as quality improvement activities, beneficiary grievances, and medical record reviews.

**Finding:** The Plan's policy does not include that the following item(s) are verified through a primary source:

- National Provider Identifier number

### **CD 4.27:**

#### **MHSUDS Information Notice: 18-019**

##### Attestation

For all network providers who deliver covered services, each provider's application to contract with the Plan must include a signed and dated statement attesting to the following:

1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
2. A history of loss of license or felony conviction;
3. A history of loss or limitation of privileges or disciplinary activity;
4. A lack of present illegal drug use; and
5. The application's accuracy and completeness the beneficiary receives from community and social support providers.

**Finding:** The Plan's attestation does not contain the following requirements:

- Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation
- A history of loss of license or felony conviction
- A history of loss or limitation of privileges or disciplinary activity
- A lack of present illegal drug use
- The application's accuracy and completeness

## 7.0 QUALITY

The following deficiencies in quality regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 7.43:**

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 9

9. The Contractor shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs. Monitoring shall occur at least annually.

**Findings:** The Plan does not have a process in place to monitor the safety and effectiveness of medication practices for narcotic treatment programs nor was evidence provided that monitoring had taken place.

#### **CD 7.46:**

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i – ix.

4. The monitoring of accessibility of services outlined in the Quality Improvement (QI) Plan will at a minimum include:
  - i. Timeliness of first initial contact to face-to-face appointment.
  - ii. Frequency of follow-up appointments in accordance with individualized treatment plans.
  - iii. Timeliness of services of the first dose of NTP services.
  - iv. Access to after-hours care.
  - v. Responsiveness of the beneficiary access line.
  - vi. Strategies to reduce avoidable hospitalizations.
  - vii. Coordination of physical and mental health services with waiver services at the provider level.
  - viii. Assessment of the beneficiaries' experiences.
  - ix. Telephone access line and services in the prevalent non-English languages.

**Finding:** The Plan's Quality Improvement (QI) Plan does not include the following requirements:

- Frequency of follow-up appointments in accordance with individualized treatment plans
- Timeliness of services of the first dose of NTP services
- Access to after-hours care
- Strategies to reduce avoidable hospitalizations

#### **CD 7.49:**

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 10-11.

10. The Contractor shall maintain a minimum of two active Performance Improvement Projects (PIPs) that meet the criteria in 42 CFR 438.240(b)(1) and (d). Performance improvement projects shall focus on a clinical area, as well as one non-clinical area.
11. PIPs shall:
  - i. Measure performance using required quality indicators.

- ii. Implement system interventions to achieve improvement in quality.
- iii. Evaluate the effectiveness of interventions.
- iv. Plan and initiate activities for increasing or sustaining improvement.

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 13.

13. Each PIP shall be completed in a reasonable time period so as to generally allow information on the success of PIPs in the aggregate to produce new information on quality of care annually.

**Finding:** The Plan does not currently have two active Performance Improvement Projects (PIP) nor an anticipated date of implementation for each (PIP).

**CD 7.50:**

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 3, i, c-f.

- i. The CalOMS-Tx business rules and requirements are:  
Electronic submission of CalOMS-Tx data shall be submitted by Contractor within 45 days from the end of the last day of the report month.
  - a. Contractor shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (Document 3J) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS-Tx data collection and reporting requirements.
  - b. Contractor shall submit CalOMS-Tx admission, discharge, annual update, resubmissions of records containing errors or in need of correction, and “provider no activity” report records in an electronic format approved by DHCS.
  - d. Contractor shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS identified in (Document 3S) for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.

Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 2, iv.

2. Each subcontract shall:

- iv. Ensure that the Contractor monitor the subcontractor’s performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

**Finding:** The following CalOMS Tx report(s) are non-compliant:

- Open Admissions Report

## 8.0 PROGRAM INTEGRITY

The following program integrity deficiencies in regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 8.61:**

Intergovernmental Agreement Exhibit A, Attachment I, III. HH, 1-2.

All complaints received by Contractor regarding a DMC certified facility shall be forwarded to:

Submit to Drug Medi-Cal Complaints:

Department of Health Care Services  
P.O. Box 997413  
Sacramento, CA 95899-7413

Alternatively, call the Hotlines:

Drug Medi-Cal Complaints/Grievances: (800) 896-4042

Drug Medi-Cal Fraud: (800) 822-6222

Complaints for Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities may be made by telephoning the appropriate licensing branch listed below:

SUD Compliance Division:

Public Number: (916) 322-2911

Toll Free Number: (877) 685-8333

The Complaint Form is available and can may be submitted online:

<http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>

Counties shall be responsible for investigating complaints and providing the results of all investigations to DHCS's e-mail address by secure, encrypted e-mail to [SUDCountyReports@dhcs.ca.gov](mailto:SUDCountyReports@dhcs.ca.gov) within two (2) business days of completion.

**Findings:** The Plan does not forward complaints regarding DMC certified facilities to Drug Medi-Cal Complaints.

The Plan does not forward complaints regarding Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities to SUD Compliance Division.

The Plan does not submit results of investigations to the [SUDCountyReports](mailto:SUDCountyReports@dhcs.ca.gov) mailbox within two (2) business days.

The plan has 14 total complaints for SFY 17/18 reported on their log, however no compliant resolution reports were submitted in SFY 17/18 to [SUDCountyReports@dhcs.ca.gov](mailto:SUDCountyReports@dhcs.ca.gov).

**CD 8.62:**

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, i-ii, a.i-vii/5, ii, g

- i. The Contractor, and its subcontractors to the extent that the subcontractors are delegated responsibility by the Contractor for coverage of services and payment of claims under this Contract, shall implement and maintain arrangements or procedures that are designed to detect and prevent fraud, waste, and abuse.
- ii. The arrangements or procedures shall include the following:
  - a. A compliance program that includes, at a minimum, all of the following elements:
    - i. Written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable requirements and standards under the contract, and all applicable Federal and state requirements.
    - ii. The designation of a Compliance Officer who is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of this Agreement and who reports directly to the Chief Executive Officer and the board of directors.
    - iii. The establishment of a Regulatory Compliance Committee on the Board of Directors and at the senior management level charged with overseeing the organization's compliance program and its compliance with the requirements under this Contract.
    - iv. A system for training and education for the Compliance Officer, the organization's senior management, and the organization's employees for the Federal and state standards and requirements under this Contract.
    - v. Effective lines of communication between the compliance officer and the organization's employees.
    - vi. Enforcement of standards through well-publicized disciplinary guidelines.
    - viii. Establishment and implementation of procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements under this Agreement.

**Finding:** The submitted procedures for detecting and preventing fraud, waste, and abuse did not address the following requirements:

- The designation of a Compliance Officer who is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of this Agreement and who reports directly to the Chief Executive Officer and the board of directors.
- The establishment of a Regulatory Compliance Committee on the Board of Directors and at the senior management level charged with overseeing the organization's compliance program and its compliance with the requirements under this Contract.
- Effective lines of communication between the Compliance Officer and the organization's employees.

- Enforcement of standards through well-publicized disciplinary guidelines.
- Establishment and implementation of procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements. Reporting any potential fraud, waste or abuse to DHCS or the Department's Medicaid Fraud Control Unit.