



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

November 10, 2021

Sent via e-mail to: thobson@countyofplumas.com

Tony Hobson, Ph.D., Director
Plumas County Behavioral Health Department
270 County Hospital Road, Suite 109
Quincy, CA 95971

SUBJECT: Annual DMC State Plan County Compliance Unit Findings Report

Dear Director Hobson:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the State Plan Drug Medi-Cal (DMC) Contract operated by Plumas County.

The County Compliance Unit (CCU) within the Audits and Investigations Division (A&I) 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 Plumas County's State Fiscal Year 2020-21 State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Plumas County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the Medi-Cal Behavioral Health Division (MCBHD), Plan and Network Monitoring Branch (PNMB), County/Provider Operations and Monitoring Branch (CPOMB) liaison by 1/10/2022. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CPOMB analyst at MCBHDMonitoring@dhcs.ca.gov.

If you have any questions or need assistance, please contact me at michael.bivians@dhcs.ca.gov.

Sincerely,

Michael Bivians

Michael Bivians
(916) 713-8966

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
1500 Capitol Ave., MS 2305
Sacramento, CA 95814
<http://www.dhcs.ca.gov>

Distribution:

To: Director Hobson,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief
Ayesha Smith, Audits and Investigations, Behavioral Health Compliance Unit Chief
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief
Mayumi Hata, Medi-Cal Behavioral Health Division, County/Provider Operations and
Monitoring Branch Chief
MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Jessica McGill, Plumas County Quality Assurance and Compliance Manager

COUNTY REVIEW INFORMATION

County:

Plumas

County Contact Name/Title:

Tori Brown, Substance Use Disorder Counselor

County Address:

270 County Hospital Road Suite 109
Quincy, CA 95971

County Phone Number/Email:

530-927-9316
tbrown@pcbh.services

Date of Review:

10/6/2021

Lead CCU Analyst:

Michael Bivians

Assisting CCU Analyst:

N/A

Report Prepared by:

Michael Bivians

Report Approved by:

Ayesha Smith

REVIEW SCOPE

- I. Regulations:
 - a. California Code of Regulations, Title 22, section 51341.1, 51490.1 and 51516.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. California Code of Regulations, Title 9, Division 4: Department of Alcohol and Drug Programs
 - c. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
 - d. Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Sections 14021.51-14021.53 and 14124.20-14124.25: Basic Health Care – Drug Medi-Cal Treatment Program

- II. Program Requirements:
 - a. Fiscal Year (FY) 2020-21 State-County Contract, herein referred to as State County Contract
 - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
 - c. Behavioral Health Information Notices (BHIN)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An Entrance Conference was conducted via WebEx on 10/6/2021. The following individuals were present:

- Representing DHCS:
Michael Bivians, Staff Services Manager I (SSM I)
Michael Ulibarri, SSM I
Jamari Robinson, Associate Governmental Program Analyst (AGPA)
- Representing Plumas County:
Tony Hobson, Behavioral Health Director
Jessica McGill, Quality Assurance and Compliance Manager

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the review process

Exit Conference:

An Exit Conference was conducted via WebEx on 10/6/2021. The following individuals were present:

- Representing DHCS:
Michael Bivians, SSM I
Michael Ulibarri, SSM I
Jamari Robinson, AGPA
- Representing Plumas County:
Tony Hobson, Behavioral Health Director
Jessica McGill, Quality Assurance and Compliance Manager

During the Exit Conference, the following topics were discussed:

- Submitting the follow-up evidence
- Due date for evidence submission

SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>	<u>Number of CD's</u>
1.0 Administration	3
2.0 Covered Services	1
3.0 DMC Certification & Continued Certification	1
4.0 Monitoring	6
5.0 General Provisions	3

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 4, 6 a-b each CD identified must be addressed via a CAP. The CAP is due within sixty (60) calendar days of the date of this monitoring report.

Please provide the following within the completed FY 2020- 21 CAP:

- a) A statement of the 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 CPOMB analyst will monitor progress of the CAP completion.

Category 1: ADMINISTRATION

A review of the County's services, contracts, and training was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 1.3:

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 4, A, 3, a

3. Training

- a) The Contractor shall ensure subcontractors complete training on the requirements of Title 22 regulations and DMC program requirements at least annually from either DHCS' MCBHD or the Contractor. The Contractor shall provide documentation of attendance at the annual training to DHCS' e-mail address MCBHDMonitoring@dhcs.ca.gov annually as part of the DHCS Contractor monitoring process.

Findings: The County does not ensure County and subcontractor staff complete training on Title 22 regulations and DMC program requirements annually.

The County does not ensure Title 22 annual training documentation of attendance is emailed to DHCS via SUDCountyReports@dhcs.ca.gov.

CD 1.4:

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 4, B, 1, d

- d) The Contractor shall certify the DMC claims submitted to DHCS represent expenditures eligible for FFP and attest that the submitted claims have been subject to review and verification process for accuracy and legitimacy (42 CFR 430.30, 433.32, and 433.51). The Contractor shall not knowingly submit claims for services rendered to any beneficiary after the beneficiary's date of death, or from unenrolled or disenrolled providers.

Finding: The County did not provide evidence of the process to review and verify submitted claims are accurate and legitimate.

CD 1.5:

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 1, B

- B. It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Division 9, Part 3, Chapter 7, Sections 14000, *et seq.*, in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, and Article 1.3, Sections 14043, *et seq.*, (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code Regulations (hereinafter referred to as Title 9).

22 CCR 51341.1 (h) (7) (i)

- (7) Except where share of cost, as defined in Section 50090, is applicable, providers shall accept proof of eligibility for Drug Medi-Cal as payment in full for treatment services rendered. Providers shall not charge fees to a beneficiary for access to Drug Medi-Cal substance use disorder services or for admission to a Drug Medi-Cal treatment slot.
- (i) For each beneficiary, providers shall maintain all of the documentation in the beneficiary's individual patient record established pursuant to Subsection (g)(1) for a minimum of three (3) years from the date of the last face-to-face contact between the beneficiary and the provider.

Finding: The County did not provide evidence demonstrating the County ensures subcontracted providers are accepting proof of DMC eligibility as payment in full for drug treatment services.

Category 2: COVERED SERVICES

A review of the County's covered services was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiency in regulations, standards or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 2.2:

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 2, B, 1, a

1. Subject to DHCS provider enrollment requirements, the Contractor shall maintain continuous availability and accessibility of covered services and facilities, service sites, and personnel to provide the covered services through use of DMC enrolled providers. Such services shall not be limited due to budgetary constraints
 - a) When a request for covered services is made by a beneficiary, the Contractor shall require services to be initiated with reasonable promptness. The Contractor shall have a documented system for monitoring and evaluating accessibility of care, including a system for addressing problems that develop regarding waiting times and appointments.

Findings: The County did not provide evidence of a process to monitor and evaluate accessibility of care.

Category 3: DMC CERTIFICATION & CONTINUING CERTIFICATION

A review of the County's certification and re-certification was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiency in regulations, standards or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 3.4:

State Plan DMC Contract, Exhibit A, Attachment I, Part 1, Section 4, B, 2, a-b

- a) The Contractor shall, on a monthly basis, monitor the status of all subcontractors to ensure they maintain active enrollment in the DMC program. Any subcontractor that surrenders its certification or closes its facility shall be reported by the Contractor to DHCS' Provider Enrollment Division at DHCSDMCRECERT@dhcs.ca.gov within five business days of notification or discovery.

- b) During the monthly status check, the Contractor shall monitor for a triggering recertification event (including but not limited to; change in ownership, change in scope of services, remodeling of facility, or change in location) and report any triggering events to DHCS' Provider Enrollment Division at DHCSDMCRECERT@dhcs.ca.gov within five business days of notification or discovery.

Findings: The County does not have a process to monitor subcontractors for a triggering recertification event on a monthly basis.

Category 4: MONITORING

A review of the County's monitoring and program integrity was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 4.1:

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 1, B

B. It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Division 9, Part 3, Chapter 7, Sections 14000, *et seq.*, in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, and Article 1.3, Sections 14043, *et seq.*, (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code Regulations (hereinafter referred to as Title 9).

22 CCR § 51341.1 (b) (28) (A) (i) (f) (iii)

(A) For outpatient drug free, day care habilitative, perinatal residential and naltrexone treatment services programs the following shall apply:

(i) The substance use disorder medical director's responsibilities shall at a minimum include all of the following

(f) Ensure that provider's physicians are adequately trained to perform diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries and perform other physician duties, as outlined in this section.

(iii) A substance use disorder medical director shall receive a minimum of five (5) hours of continuing medical education in addiction medicine each year.

Findings: The County did not provide evidence demonstrating the County's Medical Director received the annual five (5) hours of continuing medical education units in addiction medicine.

The County did not provide evidence demonstrating a subcontractor's Medical Director received the annual five (5) hours of continuing medical education in addiction medicine.

CD 4.2

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 3, A, 4, c

4. Contractor shall require all the subcontracted providers of services to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines:

Minimum Quality Treatment Standards, Document 2F(a)

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC. If conflict between regulations and standards occurs, the most restrictive shall apply.

Minimum Quality Treatment Standards, Document 2F(a), A, 3

A. Personnel Policies

3. Written code of conduct for employees and volunteers/interns shall be established which addresses at least the following:
 - a) Use of drugs and/or alcohol;
 - b) Prohibition of social/business relationship with beneficiary's or their family members for personal gain;
 - c) Prohibition of sexual contact with beneficiary's;
 - d) Conflict of interest;
 - e) Providing services beyond scope;
 - f) Discrimination against beneficiary's or staff;
 - g) Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff;
 - h) Protection beneficiary confidentiality;
 - i) The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under; and
 - j) Cooperate with complaint investigations.

Minimum Quality Treatment Standards, Document 2F(a), A, 5

A. Personnel Policies

4. Written roles and responsibilities and a code of conduct for the medical director shall be clearly documented, signed and dated by a program representative and physician.

Findings: The County did not demonstrate how the Plan ensures SUD program Medical Directors have a Code of Conduct.

CD 4.3

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 3, A, 4, c

4. Contractor shall require all the subcontracted providers of services to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines:

Minimum Quality Treatment Standards, Document 2F(a)

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC. If conflict between regulations and standards occurs, the most restrictive shall apply.

Minimum Quality Treatment Standards, Document 2F(a), A, 5

A. Personnel Policies

5. Written roles and responsibilities and a code of conduct for the medical director shall be clearly documented, signed and dated by a program representative and physician.

22 CCR § 51341.1 (b) (28) (A) (i) (a)-(f)

(A) For outpatient drug free, day care habilitative, perinatal residential and naltrexone treatment services programs the following shall apply:

- (i) The substance use disorder medical director's responsibilities shall at a minimum include all of the following:
 - (a) Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
 - (b) Ensure that physicians do not delegate their duties to non-physician personnel.
 - (c) Develop and implement medical policies and standards for the provider.
 - (d) Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.
 - (e) Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
 - (f) Ensure that provider's physicians are adequately trained to perform diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries and perform other physician duties, as outlined in this section.

Finding: The County did not demonstrate how the Plan ensures SUD program Medical Directors have written roles, responsibilities, and standards.

CD 4.4

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 4, B, 1, a-b

1. Program Integrity: The Contractor is responsible for ensuring program integrity of its services and its subcontractors through a system of oversight, which shall include at least the following:
 - a) Compliance with state and federal law and regulations, including, but not limited to, 42 CFR 433.51, 42 CFR 431.800 *et seq.*, 42 CFR 440.230, 42 CFR 440.260, 42 CFR 455 *et seq.*, 42 CFR 456 *et seq.*, 42 CFR 456.23, 22 Cal. Code Regs. 51490, 22 Cal. Code Regs. 51490.1, 22 Cal. Code Regs. 51159, WIC 14124.1, WIC 14124.2, 42 CFR 438.320, 42 CFR 438.416, 42 CFR 438.10, and 42 CFR 438.206.
 - b) The Contractor shall conduct, at least annually, a programmatic and utilization review of DMC providers to assure covered services are being appropriately rendered. The annual review shall include an on-site visit of the DMC provider. Reports of the annual review shall be provided to the Medi-Cal Behavioral Health Division (MCBHD) at:

DHCS
Medi-Cal Behavioral Health Division
1500 Capitol Avenue, MS# 2623
Sacramento, CA 95814

Or by secure, encrypted email to: MCBHDMonitoring@dhcs.ca.gov

The review reports shall be provided to DHCS within two weeks of completion by the Contractor.

Technical assistance is available to counties from DHCS' MCBHD.

Finding: The County did not provide evidence it conducts an audit of all DMC providers at least annually to assure services are being appropriately rendered.

CD 4.5

State Plan DMC Contract, Exhibit A, Attachment I, Part 1, Section 4, B, 3, a-d

3. Program Complaints

- a) Report suspected Medi-Cal Fraud online:

<https://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx>

By email: fraud@dhcs.ca.gov

By phone: 1-800-822-6222

- b) All complaints received by the Contractor regarding a DMC provider shall be forwarded to MCBHD within two business days as follows:

DMC provider complaints are to be submitted to:

DHCS

Medi-Cal Behavioral Health Division

1500 Capitol Avenue, MS# 2623

Sacramento, CA 95814

- c) Complaints for licensed, adult alcoholism or drug abuse recovery or treatment facilities, or Alcohol and/or Other Drug (AOD) Certified Treatment Facilities shall be addressed to:

Department of Health Care Services

Licensing and Certification Division

P.O Box 997413., MS# 2601

Sacramento, CA 95899-7413

Email: SUDcomplaints@dhcs.ca.gov

Public Number: (916) 322-2911

Toll Free Number: (877) 685-8333

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

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

- d) The Contractor shall be responsible for investigating complaints and providing the results of all investigations to DHCS by secure, encrypted e-mail to:

MCBHDmonitoring@dhcs.ca.gov within two business days of completion.

Findings: The County did not provide evidence it has a process for investigating complaints regarding a DMC certified facility and providing the results of all complaint investigations to DHCS.

CD 4.6

State Plan DMC Contract, Exhibit A, Attachment I, Part 1, Section 4, A, 1, a-c

1. DHCS DMC Postservice Prepayment Utilization Reviews and Financial Audits of the Contractor.
 - a) After DMC services are rendered and prior to and after services are paid DHCS shall conduct DMC Postservice Prepayment Utilization Reviews of the Contractor's subcontracted DMC provider or Contractor-operated provider, referred to in Section 4(A) as a subcontractor. DHCS shall monitor the subcontractor's operations for compliance with the provisions of this Contract, and applicable federal and state laws and regulations. Such monitoring activities shall include, but not be limited to, inspection and auditing of subcontractor services, management systems and procedures, and books and records, as DHCS deems appropriate, at any time during the subcontractor's normal business hours.
 - b. DHCS shall issue DMC Postservice Prepayment Utilization Review reports to the Contractor, with a copy to the subcontractor. The Contractor shall be responsible for ensuring their subcontractor's deficiencies are remediated pursuant to Sections 4(A)(1)(b)(i)(1) and (2) herein. The Contractor shall attest the deficiencies have been remediated and are complete, pursuant to Section 4(A)(1)(c) herein.
 - i. If programmatic deficiencies are identified, the subcontractor shall be required to submit a Corrective Action Plan (CAP) to the Contractor for review and approval. The Contractor shall submit a Contractor-approved CAP to DHCS within 60 days of the date of the DHCS report.
 1. The CAP shall:
 - a. Address each programmatic deficiency
 - b. Provide a specific description of how the deficiency shall be corrected
 - c. Specify the date of implementation of the corrective action
 - d. Identify who will be responsible for correction and who will be responsible for on-going compliance
 2. DHCS shall provide written approval of the CAP to the Contractor with a copy to the subcontractor. If DHCS does not approve the CAP, DHCS will provide guidance on the deficient areas and request an updated CAP. The subcontractor shall revise the CAP and submit it to the Contractor for review and approval. The Contractor shall submit a revised Contractor-approved CAP to DHCS within 30 days of the DHCS notification.

If the subcontractor does not submit an initial or revised CAP to the Contractor, or does not implement the approved CAP provisions within the designated timeline, then DHCS may withhold funds from the Contractor until the subcontractor is in compliance with Exhibit A, Attachment I, Part I, Section 4(A)(1)(b)(i)(1) and (2). DHCS shall inform the Contractor when funds will be withheld.
 - c) The Contractor shall monitor and attest compliance and/or completion by the subcontractor with CAP requirements detailed in Section 4, Paragraph (A)(1)(b)(i)(1&2) of this Exhibit as required by any DHCS review. The Contractor shall attest to DHCS, using the form developed by DHCS, that the requirements in the CAP have been completed by the subcontractor. Submission of DHCS Form 8049, as identified in this section, by the Contractor shall be accomplished within the timeline specified in the approved CAP, as

noted by DHCS.

State Plan DMC Contract, Exhibit A, Attachment I, Part 1, Section 4, A, 2, a-h

2. DHCS Postservice Postpayment Utilization Reviews

- a) After DMC services are rendered and paid, DHCS shall conduct DMC Postservice Postpayment (PSPP) Utilization Reviews of the Contractor's subcontracted DMC provider or Contractor-operated provider, referred to in Section 4(A) as a subcontractor. DHCS shall monitor the subcontractor for compliance with the provisions of this Contract and in accordance with Title 22, Section 51341.1. Any claimed DMC service may be reviewed for compliance with all applicable standards, regulations, and program coverage after services are rendered and the claim is paid.

- b) DHCS shall issue the DMC PSPP reports to the Contractor with a copy to the subcontractor. The Contractor shall be responsible for ensuring the subcontractor's deficiencies are remediated pursuant to Section 4(A)(2)(b)(i)(1) and (2) herein. The Contractor shall attest the deficiencies have been remediated and are complete, pursuant to Section 4(A)(2)(c) herein.
 - i. If programmatic deficiencies are identified, the subcontractor shall be required to submit a CAP to the Contractor for review and approval. The Contractor shall submit a Contractor-approved CAP to DHCS within 60 days of the date of the PSPP report.
 - 1) The CAP shall:
 - a. Address each programmatic deficiency
 - b. Provide a specific description of how the deficiency shall be corrected
 - c. Specify the date of implementation of the corrective action
 - d. Identify who will be responsible for correction and who will be responsible for ongoing compliance
 - 2) DHCS shall provide written approval of the CAP to the Contractor with a copy to the subcontractor. If DHCS does not approve the CAP, DHCS will provide guidance on the deficient areas and request an updated CAP. The subcontractor shall revise the CAP and submit it to the Contractor for review and approval. The Contractor shall submit a revised Contractor-approved CAP to DHCS within 30 days of the DHCS notification.

If the subcontractor does not submit an initial or revised CAP to the Contractor, or does not implement the approved CAP provisions within the designated timeline, then DHCS may withhold funds from the Contractor until the subcontractor is in compliance with Exhibit A, Attachment I, Part I, Section 4(A)(2). DHCS shall inform the Contractor when funds will be withheld.

- c) The Contractor shall monitor and attest compliance and/or completion by subcontractors with CAP requirements detailed in Section 4(A)(2)(c) of this Exhibit as required by any PSPP review. The Contractor shall attest to DHCS, using the form developed by DHCS, that the requirements in the CAP have been completed by subcontractor. Submission of DHCS Form 8049, as identified in this section, by the Contractor shall be accomplished within the timeline specified in the approved CAP, as noted by DHCS.

- d) DHCS shall take appropriate steps in accordance with Title 22, Section 51341.1, to recover payments made if subsequent investigation uncovers evidence that the claim(s) should not have been paid or that DMC services have been improperly utilized.
- e) The Contractor and/or subcontractor may appeal DMC dispositions concerning demands for recovery of payment and/or programmatic deficiencies of specific claims. Such appeals shall be handled pursuant to Title 22, Cal Code Regs., Section 51341.1(q). This section shall not apply to those grievances or complaints arising from the financial findings of an audit or examination made by or on behalf of DHCS pursuant to Exhibit B, Part III, Section 2, of this Contract.
- f) DHCS shall monitor the subcontractor's compliance with PSPP utilization review requirements in accordance with Title 22. The Contractor shall also monitor the subcontractor's compliance in accordance with Section 4, Paragraph (A)(2), of this Contract. The federal government may also review the existence and effectiveness of DHCS's utilization review system.
- g) The Contractor shall implement and maintain compliance with the system of review described in Title 22, Section 51341.1(k), for the purposes of reviewing the utilization, quality, and appropriateness of covered services and ensuring that all applicable Medi-Cal requirements are met.
- h) The Contractor shall ensure that the subcontractor sites keep a record of the beneficiaries being treated at each location. The Contractor shall retain beneficiary records for either ten years from the final date of a contract period, the completion of any audit, or the date a service was rendered, whichever occurs later.

Finding: The County does not have a process ensuring Postservice Prepayment (DMCM) and Postservice Postpayment (PSPP), Corrective Action Plans (CAPs), are reviewed and approved prior to submission to DHCS.

Category 5: GENERAL PROVISIONS

A review of the County's contract general provisions was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 5.1:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part II, B

B. No Unlawful Use or Unlawful Use Messages Regarding Drugs

Contractor agrees that information produced through these funds, and which pertains to drugs and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Contract, Contractor agrees that it will enforce, and will require its subcontractors to enforce, these requirements.

Exhibit A, Attachment I, Part II, Q

Q. Subcontract Provisions

Contractor shall include the foregoing Part II general provisions in all of its subcontracts.

Findings: The County did not provide evidence to demonstrate subcontractor compliance with the No Unlawful Use or Unlawful Use Messages Regarding Drugs provision.

The County did not demonstrate all of the foregoing State County Contract Exhibit A, Attachment I, Part II general provisions are included in all executed subcontracts, including the No Unlawful Use or Unlawful Use Messages Regarding Drugs provision.

CD 5.2:

State Plan DMC Contract, Exhibit A, Attachment I, Part II, L

L. Nondiscrimination in Employment and Services

By signing this Contract, the Contractor certifies that under the laws of the United States and the State of California, incorporated into this Contract by reference and made a part hereof as if set forth in full, the Contractor will not unlawfully discriminate against any person.

State Plan DMC Contract, Exhibit A, Attachment I, Part II, Q

Q. Subcontract Provisions

Contractor shall include the foregoing Part II general provisions in all of its subcontracts.

Findings: The County did not provide evidence to demonstrate County and subcontractor compliance with the Nondiscrimination in Employment and Services provision.

The County did not provide evidence to demonstrate all of the foregoing State County Contract Exhibit A, Attachment I, Part II general provisions are included in all executed subcontracts, including the Nondiscrimination in Employment and Services provision.

CD 5.3:

State Plan DMC Contract, Exhibit A, Attachment I, Part II, P, 1-2, a-d

P. Information Access for Individuals with Limited English Proficiency and/or Disabilities

1. The Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.
2. The Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to:
 - a) Materials explaining services available to the public
 - b) Language assistance
 - c) Language interpreter and translation services
 - d) Video remote language interpreting services

State Plan DMC Contract, Exhibit A, Attachment I, Part II, Q

Q. Subcontract Provisions

Contractor shall include the foregoing Part II general provisions in all of its subcontracts.

Findings: The County did not provide evidence to demonstrate County and subcontractor compliance with the Dymally-Alatorre Bilingual Services Act provision.

The County did not provide evidence to demonstrate all of the foregoing State County Contract Exhibit A, Attachment I, Part II general provisions are included in all executed subcontracts, including the Dymally-Alatorre Bilingual Services Act provision.

TECHNICAL ASSISTANCE

Plumas County did not request Technical Assistance during this review.