



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

May 16, 2019

Sent via e-mail to: RMiller@ruhealth.org

Rhyan Miller, Deputy Director
Riverside County Department of Mental Health
4095 County Circle Drive
Riverside, CA 92513

SUBJECT: Annual County Performance Unit Report

Dear Deputy Director Miller:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Substance Abuse Block Grant (SABG) Contract operated by Riverside 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 Riverside County's 2018-19 SABG Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Riverside County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 6/17/2019. 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,

BLCounter

Becky Counter
(916) 713-8567
becky.counter@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: Deputy Director Miller

CC: Tracie Walker, Performance & Integrity Branch, Chief
Sandi Snelgrove, Policy and Prevention, 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
Vanessa Machado, Policy and Prevention Branch, Office Technician
Maureen Dopson, Riverside County QI Behavioral Health Services Administrator

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|---|--|
| Lead CPU Analyst: Becky Counter | Date of Review: January 2019 |
| Assisting CPU Analyst(s): | |
| County: Riverside | County Address: 4095 County Circle Drive Riverside, CA 92513 |
| County Contact Name/Title: Rhyan Miller | County Phone Number/Email: (951) 955-2310 RMiler@ruhealth.org |
| Report Prepared by: Becky Counter | Report Approved by: Susan Jones |

REVIEW SCOPE

- I. Regulations:
 - a. 22 CCR § 51341.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
 - c. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block
 - d. 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

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

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

PREVIOUS CAPs

During the SFY 2018-19 review, the following CAPs with CDs were discussed and are still outstanding.

2015-16:

CD # 5: California Outcomes measurement System (CalOMS) Treatment (Tx) - Open Admissions

County's response: 6/4/18: SAPT Administration will send weekly and bi-monthly reports identifying outstanding CalOMS Tx data. Providers not submitting CalOMS Tx data within submission requirement timeframes will be issued a CAP. If late submissions persist, new admissions will be put on hold. If still no resolution, funds will be withheld. This was disclosed at an All Provider's meeting on 5/17/18 (included in minutes), and will be made contractual by an internal bulletin. BHIS reports will be monitored quarterly by Analyst. 1/17/19: The Open Admissions report is not current as of 11/28/18, but is being worked on daily to ensure tx records are under the 12 months (when active) and detox records are discharged within 21 days for regular detox and up to 180 days for methadone detox. During the last several months of migration to BHIS clean-up, several issues have been encountered requiring the assistance from DHCS CalOMS Support and County Vendor.

2016-17:

CD 10.57.d: The County is not submitting CalOMS Tx discharge data or annual updates as required.

County's response: 6/4/18: SAPT Administration will send weekly and bi-monthly reports identifying outstanding CalOMS Tx data. Providers not submitting CalOMS Tx data within submission requirement timeframes will be issued a CAP. If late submissions persist, new admissions will be put on hold. If still no resolution, funds will be withheld. This was disclosed at an All Provider's meeting on 5/17/18 (included in minutes), and will be made contractual by an internal bulletin. BHIS reports will be monitored quarterly by Analyst. 1/17/19: The Open Admissions report is not current as of 11/28/18, but is being worked on daily to ensure tx records are under the 12 months (when active) and detox records are discharged within 21 days for regular detox and up to 180 days for methadone detox. During the last several months and migration to BHIS clean-up several issues have been encountered requiring the assistance from DHCS CalOMS Support and County Vendor.

2017-18:

CD 7.41.b: The County and its provider's annual updates or client discharges for beneficiaries in treatment over one year were not submitted.

County's response: 6/4/18: SAPT Administration will send weekly and bimonthly reports identifying outstanding CalOMS Tx data. Providers not submitting CalOMS Tx data within submission requirement timeframes will be issued a CAP. If late submissions persist, new admissions will be put on hold. If still no resolution, funds will be withheld. This was disclosed at an All Provider's meeting on

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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.

**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.

10.0 TECHNICAL ASSISTANCE

Riverside County is not requesting Technical Assistance this fiscal year.



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

May 16, 2019

Sent via e-mail to: RMiller@ruhealth.org

Rhyan Miller, Deputy Director
Deputy Director Forensics and Substance Abuse Prevention
3525 Presley Avenue
Riverside, CA 92507

SUBJECT: Annual County Performance Unit Report

Dear Deputy Director Miller:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to the requirements of the DMC-ODS Waiver and the terms of the Intergovernmental Agreement operated by Riverside 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 Riverside County's 2018-19 Drug Medi-Cal Organized Delivery System (DMC-ODS) Contract compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Riverside County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 6/17/2019. 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,

A handwritten signature in cursive script that reads 'Jessica Jenkins'.

Jessica Jenkins
(916) 713-8577
Jessica.jenkins@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: Deputy Director Miller

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
Susan Jones, County Performance Unit Supervisor
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Eric Painter, Postservice Postpayment Unit II Supervisor
Jessica Fielding, Office of Women, Perinatal and Youth Services Supervisor

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|--|--|
| Lead CPU Analyst: Jessica Jenkins | Date of Review: 4/5/2019 Date of DMC-ODS Implementation: 2/1/2017 |
| County: Riverside County | County Address: 3525 Presley Avenue Riverside, CA 92507 |
| County Contact Name/Title: Rhyan Miller, Deputy Director | County Phone Number/Email: (951) 955-2310 RMiller@ruhealth.org |
| Report Prepared by: Jessica Jenkins | Report Approved by: Susan Jones |

Purpose of Review

The Department of Health Care Services (DHCS) is required to provide programmatic, administrative, and fiscal oversight of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) services through annual compliance reviews.

This report summarizes the findings of the compliance review conducted by the County Performance Unit (CPU).

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

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

| Section: | Number of CD's: |
|--|------------------------|
| 1.0 Administration | 0 |
| 2.0 Member Services | 0 |
| 3.0 Service Provisions | 0 |
| 4.0 Access | 3 |
| 5.0 Continuity and Coordination of Care | 0 |
| 6.0 Grievance, Appeal, and Fair Hearing Process | 0 |
| 7.0 Quality | 2 |
| 8.0 Program Integrity | 1 |

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.

4.0 ACCESS

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

COMPLIANCE DEFICIENCIES:

CD 4.24:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 5, a-d.

5. 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.
 - b. Nondiscrimination.
 - i. The Contractor's network provider selection policies and procedures, consistent with 42 CFR §438.12, shall not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.
 - c. Excluded providers.
 - i. The Contractor shall not employ or subcontract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Act.
 - d. Additional Department requirements.
 - i. The Contractor shall comply with any additional requirements established by the Department.

Finding: The Plan's policy and procedure does not address the following requirements:

- Non-discrimination against providers who serve high-risk population
- Excluded providers

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, 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 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.

Finding: The Plan's policy does not include that the following items may be verified through a primary source:

- The appropriate license and board certification or registration, as required for the particular provider type;
- Evidence of graduation or completion of any required education, as required for the particular provider type;
- Proof of completion of any relevant medical residency and/or specialty training, as required for the particular provider type; and

- Satisfaction of any applicable continuing education requirements, as required for the particular provider type

AND The Plan's policy does not include that the following items are verified through a non-primary source:

- Work history
- Hospital and clinic privileges in good standing
- History of any suspension
- Current Drug Enforcement Administration identification number
- National Provider Identifier number
- Current malpractice insurance...
- History of liability claims against the provider
- Provider information, if any, entered in the National Practitioner Data Bank
- History of sanctions
- Suspended and Ineligible Provider List ...

CD 4.29:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 1, ii, a.

- ii. The Contractor shall, consistent with the scope of its contracted services, meet the following requirements:
 - a. Maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under this Agreement for all beneficiaries, including those with limited English proficiency or physical or mental disabilities;

Intergovernmental Agreement Exhibit A, Attachment I, III, E, 1, i-iii.

E. Availability of Services

1. In addition to the availability of services requirements set forth in Article II,E,1 of this Agreement, the Contractor shall:
 - i. Consider the numbers and types (in terms of training, experience and specialization) of providers required to ensure the availability and accessibility of medically necessary services;
 - ii. Maintain and monitor a network of appropriate providers that is supported by written agreements for subcontractors and that is sufficient to provide its beneficiaries with adequate access to all services covered under this Agreement.
 - iii. In establishing and monitoring the network, document the following:
 - a. The anticipated number of Medi-Cal eligible beneficiaries.
 - b. The expected utilization of services, taking into account the characteristics and SUD treatment needs of beneficiaries.
 - c. The expected number and types of providers in terms of training and experience needed to meet expected utilization.
 - d. The numbers of network providers who are not accepting new beneficiaries.
 - e. The geographic location of providers and their accessibility to beneficiaries, considering distance, travel time, means of transportation ordinarily used by Medi-Cal beneficiaries, and physical access for disabled beneficiaries.

AB 205, Sec. 7, 14197(c)(4)(A)(i-iii)

- (4) (A) For outpatient substance use disorder services other than opioid treatment programs, as follows:
- (i) Up to 15 miles or 30 minutes from the beneficiary's place of residence for the following counties: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara.
 - (ii) Up to 30 miles or 60 minutes from the beneficiary's place of residence for the following counties: Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura.
 - (iii) Up to 60 miles or 90 minutes from the beneficiary's place of residence for the following counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Monterey, Mono, Napa, Nevada, Plumas, San Benito, San Bernardino, San Luis Obispo, Santa Barbara, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, and Yuba.

AB 205, Sec. 7, 14197(c)(4)(B)(i-iv)

- (B) For opioid treatment programs, as follows:
- (i) Up to 15 miles or 30 minutes from the beneficiary's place of residence for the following counties: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara.
 - (ii) Up to 30 miles or 60 minutes from the beneficiary's place of residence for the following counties: Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura.
 - (iii) Up to 45 miles or 75 minutes from the beneficiary's place of residence for the following counties: Amador, Butte, El Dorado, Fresno, Kern, Kings, Lake, Madera, Merced, Monterey, Napa, Nevada, San Bernardino, San Luis Obispo, Santa Barbara, Sutter, Tulare, Yolo, and Yuba.
 - (iv) Up to 60 miles or 90 minutes from the beneficiary's place of residence for the following counties: Alpine, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Lassen, Mariposa, Mendocino, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity, and Tuolumne.

AB 205, Sec. 7, 14197(e)(1-4)

- (e) (1) The department, upon request of a Medi-Cal managed care plan, may allow alternative access standards for the time and distance standards established under this section if either of the following occur:
- (A) The requesting Medi-Cal managed care plan has exhausted all other reasonable options to obtain providers to meet the applicable standard.
 - (B) The department determines that the requesting Medi-Cal managed care plan has demonstrated that its delivery structure is capable of delivering the appropriate level of care and access.
- (2) If a Medi-Cal managed care plan cannot meet the time and distance standards set forth in this section, the Medi-Cal managed care plan shall submit a request for alternative access standards to the department, in the form and manner specified by the department. A request may be submitted at the same time as the Medi-Cal managed care plan submits its annual demonstration of compliance with time and distance standards, if known at that time.
- (3) A request for alternative access standards shall be approved or denied on a ZIP Code and provider type, including specialty type, basis by the department within 90 days of submission of the request. The Medi-Cal managed care plan shall also include a description of the reasons justifying the alternative access standards based on those facts and circumstances. The department may stop the 90-day timeframe, on one or more occasions as necessary, in the

event of an incomplete submission or to obtain additional information from the Medi-Cal managed care plan requesting the alternative access standards. Upon submission of sufficient additional information to the department, the 90-day timeframe shall resume at the same point in time it was previously stopped, except if there is less than 30 days remaining in which case the department shall approve or deny the request within 30 days of submission of sufficient additional information. If the department rejects the Medi-Cal managed care plan's proposal, the department shall inform the Medi-Cal managed care plan of the department's reason for rejecting the proposal. The department shall post any approved alternative access standards on its Internet Web site.

- (4) The department may allow for the use of clinically appropriate telecommunications technology as a means of determining annual compliance with the time and distance standards established pursuant to this section or approving alternative access to care, including telehealth consistent with the requirements of Section 2290.5 of the Business and Professions Code, e-visits, or other evolving and innovative technological solutions that are used to provide care from a distance.

Finding: The Plan's process did not include:

- Expected number and types of providers in terms of training and experience needed to meet expected utilization.
- Numbers of network providers who are not accepting new beneficiaries.

7.0 QUALITY

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

COMPLIANCE DEFICIENCIES:

CD 7.46:

Intergovernmental Agreement Exhibit A, Attachment I, II, F, 1, v – vi, a – c.

- v. Annually, the Contractor shall:
 - a. Measure and report to the Department on its performance, using the standard measures required by the Department;
 - b. Submit to the Department data, specified by the Department, which enables the Department to calculate Contractor's performance using the standard measures identified by the Department; or
 - c. Perform a combination of the activities described above.
- vi. Performance improvement projects.
 - a. The Contractor shall conduct performance improvement projects, including any performance improvement projects required by CMS that focus on both clinical and nonclinical areas.
 - b. Each performance improvement project shall be designed to achieve significant improvement, sustained over time, in health outcomes and beneficiary satisfaction, and shall include the following elements:
 - i. Measurement of performance using required quality indicators.
 - ii. Implementation of interventions to achieve improvement in the access to and quality of care.
 - iii. Evaluation of the effectiveness of the interventions based on the performance measures.
 - iv. Planning and initiation of activities for increasing or sustaining improvement.
 - c. The Contractor shall report the status and results of each project conducted to the Department as requested, but not less than once per year..

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 18/19 Quality Improvement (QI) Plan does not include the following requirements:

- Timeliness of services of the first dose of NTP services
- Access to after-hours care
- Strategies to reduce avoidable hospitalizations
- Telephone access line and services in the prevalent non-English languages

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
- Open Providers Report

8.0 PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCIES:

CD 8.62:

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

- 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 Plan's procedures for detecting and preventing fraud, waste, and abuse do not address the following requirement(s):

- 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.
- Enforcement of standards through well-publicized disciplinary guidelines.