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DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

May 24, 2022

Sent via e-mail to: alan@sbcmh.org

Alan Yamamoto, LCSW, Behavioral Health Director SUD Administrator
San Benito County Behavioral Health Services
1131 San Felipe Road
Hollister, CA 95023-2809

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Yamamoto:

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 San Benito 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 San Benito County's State Fiscal Year 2021-22 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

San Benito County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) noted to the Medi-Cal Behavioral Health Division (MCBHD), Plan and Network Monitoring Branch (PNMB), County/Provider Operation and Monitoring Branch (CPOMB) Analyst by 7/25/2022. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CPOMB liaison at MCBHDMonitoring@dhcs.ca.gov.

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

Sincerely,

Emanuel Hernandez
(916) 713-8667

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
1500 Capitol Ave., MS 2305
Sacramento, CA 95814
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Distribution:

To: Director Yamamoto,

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Rachel White, San Benito County Behavioral Health, Assistant Director
Grizelle Rios, San Benito County Behavioral Health, Quality Improvement Supervisor

COUNTY REVIEW INFORMATION

County:
San Benito

County Contact Name/Title:
Grizelle Rios/Quality Improvement Supervisor

County Address:
1131 San Felipe Road
Hollister, CA 95023-2809

County Phone Number/Email:
831-636-4020
grios@sbcmh.org

Date of DMC-ODS Implementation:
10/26/2017

Date of Review:
03/04/2022

Lead CCU Analyst:
Emanuel Hernandez

Assisting CCU Analyst:
N/A

Report Prepared by:
Emanuel Hernandez

Report Approved by:
Ayesha Smith

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. Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care

- II. Program Requirements:
 - a. Fiscal Year (FY) 2020-21 Intergovernmental Agreement (IA)
 - b. Fiscal Year (FY) 2021-22 Intergovernmental Agreement (IA)
 - c. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
 - d. Behavioral Health Information Notices (BHIN)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An Entrance Conference was conducted via WebEx on 03/04/2022. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
Angela Rankin, AGPA
- Representing San Benito County:
Rachel White, San Benito County Behavioral Health, Assistant Director
Grizelle Rios, San Benito County Behavioral Health, Quality Improvement Supervisor
Elizabeth Lopez, San Benito Behavioral Health, SUD Program Clinical Supervisor
Rumi Saikia, San Benito Behavioral Health, Quality Improvement Supervisor II

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of review process
- Overview of services provided

Exit Conference:

An Exit Conference was conducted via WebEx on 03/04/2022. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, AGPA
Angela Rankin, AGPA
- Representing San Benito County:
Rachel White, San Benito County Behavioral Health, Assistant Director
Grizelle Rios, San Benito County Behavioral Health, Quality Improvement Supervisor
Elizabeth Lopez, San Benito Behavioral Health, SUD Program Clinical Supervisor
Rumi Saikia, San Benito Behavioral Health, Quality Improvement Supervisor II

During the Exit Conference, the following topics were discussed:

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

SUMMARY OF FY 2021-22 COMPLIANCE DEFICIENCIES (CD)

| <u>Section:</u> | <u>Number of CD's</u> |
|---|-----------------------|
| 1.0 Availability of DMC-ODS Services | 8 |
| 2.0 Coordination of Care | 4 |
| 3.0 Quality Assurance and Performance Improvement | 9 |
| 4.0 Access and Information Requirements | 2 |
| 5.0 Beneficiary Rights and Protections | 0 |
| 6.0 Program Integrity | 0 |

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part III, Section KK, 2, i 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 2021-22 CAP:

- a) DHCS' CAP Template used to document process.
- b) A list of action steps to be taken to correct the CD.
- c) The name of the person who will be responsible for corrections and ongoing compliance.
- d) Provide a specific description on how ongoing compliance is ensured
- e) A date of completion for each CD.

The CPOMB liaison will monitor progress of the CAP completion.

Category 1: AVAILABILITY OF DMC-ODS SERVICES

A review of the administrative trainings, policies and procedures was conducted to ensure compliance with applicable regulations, and standards. The following deficiencies in availability of DMC-ODS services were identified:

COMPLIANCE DEFICIENCIES:

CD 1.2.2:

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

- i. The Contractor shall implement written policies and procedures for selection and retention of network providers and the implemented 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, outlined in DHCS Information Notice 18-019.
 - ii. The Contractor shall follow a documented process for credentialing and re-credentialing of network providers.

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.

Findings: The Plan did not provide evidence of three (3) completed credentialing attestations for licensed Providers employed by subcontractors. The completed credentialing attestations were not submitted for the following Providers:

- Sun Street Centers, provider #353670
- Door to Hope Outpatient Services, provider #353503
- Encompass Community Services, Santa Cruz Residential Recovery, provider #350320

CD 1.4.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iii

iii. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

Findings: The Plan did not provide evidence demonstrating the monitoring of personnel files to ensure non-professional and professional staff employed by San Benito County have appropriate experience and necessary training at the time of hiring. The Plan did not provide evidence for:

- Two (2) professional/licensed staff hired by San Benito County during FY 2020-21.
- Two (2) non-professional staff hired by San Benito County during FY 2020-21.

CD 1.4.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, ii

ii. Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

Findings: The Plan did not provide evidence demonstrating non-professional staff employed by San Benito County receive appropriate onsite orientation and training prior to performing assigned duties. The Plan did not provide evidence for:

- Two (2) non-professional staff hired by San Benito County during FY 2020-21.

CD 1.4.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, ii

ii. Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

Findings: The Plan did not provide evidence of appropriate onsite orientation and training for two (2) non-professional staff hired by subcontractors during FY 2020-21 from the following network providers:

- Encompass Community Services/Santa Cruz Residential Recovery, Provider #350320
- Sun Streets Centers, provider #353670

The Plan did not provide evidence of appropriate onsite orientation and training for two (2) professional/licensed staff hired by subcontractors during FY 2020-21 from the following network providers:

- Encompass Community Services/Santa Cruz Residential Recovery, Provider #350320
- Sun Streets Centers, provider #353670

CD 1.4.6:

Intergovernmental Agreement Exhibit A, Attachment I, III, GG, 3, i

3. Training to DMC Subcontractors

- i. The Contractor shall ensure that all subcontractors receive training on the DMC-ODS requirements, at least annually. The Contractor shall report compliance with this section to DHCS annually as part of the DHCS County Monitoring process.

Findings: The Plan did not provide evidence demonstrating all subcontractors receive annual training on the DMC-ODS requirements.

CD 1.4.8:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iv

- iv. Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.

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

- The Plan did not provide evidence that San Benito County's physician completed continuing medical education units for 2019 or 2020.

The Plan did not provide evidence demonstrating the Sun Street Centers physician received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education submitted for calendar years 2019 and 2020 for Sun Streets physician were not provided.

The Plan did not provide evidence demonstrating the Valley Health Associates physician received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education submitted for calendar years 2019 and 2020 for Valley Health Associates physician were not provided.

The Plan did not provide evidence demonstrating the Door to Hope Women's Residential Program physician received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education submitted for calendar years 2019 and 2020 for Door to Hope Women's Residential Program physician were not provided.

CD 1.4.9:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, v

v. Professional staff (LPHAs) shall receive a minimum of five hours of continuing education related to addiction medicine each year.

Findings: The Plan did not provide evidence demonstrating San Benito County's professional staff (LPHAs) received the annual five (5) hours of continuing education units in addiction medicine for calendar years 2019 and 2020.

The Plan did not provide evidence demonstrating Sun Street Centers professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan did not submit continuing education units for three (3) subcontractor LPHA staff for calendar years 2019 and 2020.

The Plan did not provide evidence demonstrating Valley Health Associates professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan did not submit continuing education units for three (3) subcontractor LPHA staff for calendar years 2019 and 2020.

The Plan did not provide evidence demonstrating Door to Hope Women's Residential Programs professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan did not submit continuing education units for three (3) subcontractor LPHA staff for calendar years 2019 and 2020.

Category 2: COORDINATION OF CARE

A review of the coordination of care requirements and continuity of care was conducted to ensure compliance with applicable regulations, and standards. The following deficiencies in the coordination of care requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.1.2:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 3, iii, c

- c. Make a best effort to conduct an initial screening of each beneficiary's needs, within 90 calendar days of the effective date of enrollment for all new beneficiaries, including subsequent attempts if the initial attempt to contact the beneficiary is unsuccessful.

Findings: The Plan did not provide evidence demonstrating that initial screenings are conducted within 90 calendar days of the effective date of enrollment for all new beneficiaries.

CD 2.1.3:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 3, iii, d-f

- d. Share with the Department or other managed care organizations serving the beneficiary, the results of any identification and assessment of that beneficiary's needs to prevent duplication of those activities.
- e. Ensure that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards.
- f. Ensure that in the process of coordinating care, each beneficiary's privacy is protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E and 42 CFR Part 2, to the extent that they are applicable.

BHIN 20-066

POLICY:

SAMHSA's amendments to Part 2 include, but are not limited to, the following:

- Amended the definition of record to exclude oral information received by non-Part 2 providers from a Part 2 program with the consent of the patient and recorded in the non-Part 2 provider's patient notes.
- Eased the requirement for patient record disclosures to allow patients to designate entities as recipients as well as individuals.
- Revised the language on one of the two allowable Notices to Accompany Disclosure with patient's consent, in order to align the language with the change in the definition of record.
- Expanded the allowable bases for disclosures with written consent for payment or health care operations purposes.
- Expanded upon the circumstances in which a Part 2 program can release records without patient consent in a bona fide medical emergency.

Findings: The Plan did not provide evidence demonstrating County and Subcontractor compliance with the Confidentiality of Alcohol and Drug Abuse Patients Records (42 CFR Part 2, Subparts A-E) provision.

CD 2.1.4:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 3, iv-v, a-e

- iv. The Contractor shall implement mechanisms to comprehensively assess each Medicaid beneficiary identified by the Department as having special health care needs to identify any ongoing special conditions of the beneficiary that require a course of treatment or regular care monitoring. The assessment mechanisms shall use appropriate providers.
- v. The Contractor shall produce a treatment or service plan meeting the criteria below for beneficiaries with special health care needs that are determined through assessment to need a course of treatment or regular care monitoring. The treatment or service plan shall be:
 - a. Developed with beneficiary participation, and in consultation with any providers caring for the beneficiary.
 - b. Developed by a person trained in person-centered planning using a person-centered process and plan, as defined in 42 CFR §441.301(c)(1) and (2).
 - c. Approved by the Contractor in a timely manner, if this approval is required by the Contractor.
 - d. In accordance with any applicable Department quality assurance and utilization review standards.
 - e. Reviewed and revised upon reassessment of functional need, at least every 12 months, or when the beneficiary's circumstances or needs change significantly, or at the request of the beneficiary per 42 CFR §441.301(c)(3).

Findings: The Plan did not provide evidence demonstrating County and subcontractor compliance with meeting the criteria for beneficiaries with special health care needs. The treatment or service plan was not:

- Developed with beneficiary participation, and in consultation with any providers caring for the beneficiary.
- Approved by the Contractor in a timely manner, if this approval is required by the Contractor.
- In accordance with any applicable Department quality assurance and utilization review standards.
- Reviewed and revised upon reassessment of functional need, at least every 12 months, or when the beneficiary's circumstances or needs change significantly, or at the request of the beneficiary per 42 CFR §441.301(c)(3).
- Developed by a person trained in person-centered planning using a person-centered process and plan, as defined in 42 CFR §441.301(c)(1) and (2).

CD 2.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, G, 2

1. In addition to specifying how beneficiaries will transition across levels of acute and short-term SUD care without gaps in treatment, the Contractor shall ensure that beneficiaries have access to recovery supports and services immediately after discharge or upon completion of an acute care stay, with the goal of sustained engagement and long-term retention in SUD and behavioral health treatment.

BHIN 21-020

POLICY:

As part of CalAIM, DHCS is clarifying (1) the allowable components of recovery services, described below; (2) when and how beneficiaries, including justice-involved individuals, may access recovery services; and (3) the availability of recovery services to individuals receiving Medication-Assisted Treatment (MAT). Recovery services may be delivered concurrently with other DMC-ODS services and levels of care as clinically appropriate. Beneficiaries without a remission diagnosis may also receive recovery services and do not need to be abstinent from drugs for any specified period of time.

The service components of recovery services are:

- Individual and/or group outpatient counseling services;
- Recovery Monitoring: Recovery coaching and monitoring delivered in-person, by synchronous telehealth, or by telephone/audio-only;
- Relapse Prevention: Relapse prevention, including attendance in alumni groups and recovery focused events/activities;
- Education and Job Skills: Linkages to life skill services and supports, employment services, job training, and education services;
- Family Support: Linkages to childcare, parent education, child development support services, family/marriage education;
- Support Groups: Linkages to self-help and support services, spiritual and faith-based support;
- Ancillary Services: Linkages to housing assistance, transportation, case management, and other individual services coordination.

Beneficiaries may receive recovery services based on a self-assessment or provider assessment of relapse risk. Beneficiaries receiving MAT, including Narcotic (Opioid) Treatment Program services, may receive recovery services. Beneficiaries may receive recovery services immediately after incarceration regardless of whether or not they received SUD treatment during incarceration. Recovery services may be provided in-person, by synchronous telehealth, or by telephone/audio-only. Recovery services may be provided in the home or the community.

Findings: The Plan did not provide evidence demonstrating beneficiaries have access to recovery supports and services immediately after discharge or upon completion of an acute care stay.

Category 3: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

A review of the practice guidelines, monitoring, and other quality assurance requirements was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in quality assurance and performance improvement were identified:

COMPLIANCE DEFICIENCIES:

CD 3.1.2:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 9, iii

iii. The Contractor shall ensure that all decisions for utilization management, beneficiary education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines.

Findings: The Plan did not provide evidence demonstrating all decisions for beneficiary education are consistent with the Practice Guidelines.

CD 3.2.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 3, iii, a-e

iii. Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. The Contractor will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews. The required EBPs include:

- a. Motivational Interviewing;
- b. Cognitive-Behavioral Therapy;
- c. Relapse Prevention;
- d. Trauma-Informed Treatment; and
- e. Psycho-Education.

Findings: The Plan did not provide evidence demonstrating providers have implemented and are utilizing at least two of the required Evidence Based Practices.

The Plan did not provide evidence demonstrating providers are monitored for implementation and utilization of at least two of the required Evidence Based Practices during provider reviews.

CD 3.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, III. PP, 6, i, a-j

1. Personnel files shall be maintained on all employees, contracted positions, volunteers, and interns, and shall contain the following:
 - a. Application for employment and/or resume
 - b. Signed employment confirmation statement duty statement;
 - c. Job description
 - d. Performance evaluations
 - e. Health records/status as required by the provider, AOD Certification or CCR Title 9
 - f. Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries)
 - g. Training documentation relative to substance use disorders and treatment
 - h. Current registration, certification, intern status, or licensure
 - i. Proof of continuing education required by licensing or certifying agency and program
 - j. Provider's Code of Conduct.

Findings: The Plan did not provide evidence demonstrating personnel files are maintained on all County employees, volunteers and interns and contain the following:

- Application for employment and/or resume
- Signed employment confirmation statement duty statement;
- Job description;
- Performance evaluations;
- Health records/status as required by the provider, AOD Certification or CCR Title 9
- Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries);
- Training documentation relative to substance use disorders and treatment;
- Current registration, certification, intern status, or licensure;
- Proof of continuing education required by licensing or certifying agency and program; and
- Provider's Code of Conduct.

The Plan did not provide evidence demonstrating personnel files are maintained on all subcontract provider employees, volunteers and interns and contain the following:

- Application for employment and/or resume;
- Signed employment confirmation statement/duty statement;
- Job description;
- Performance evaluations;
- Health records/status as required by the provider, AOD Certification or CCR Title 9
- Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries);
- Training documentation relative to substance use disorders and treatment;
- Current registration, certification, intern status, or licensure;
- Proof of continuing education required by licensing or certifying agency and program; and
- Provider's Code of Conduct.

CD 3.2.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, i-ii

- i. The SUD 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 written 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 and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, and determine the medical necessity of treatment for beneficiaries.
 - g. Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.
- ii. The SUD Medical Director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, v

- v. Written roles and responsibilities and a code of conduct for the Medical Director shall be clearly documented, signed and dated by a provider representative and the physician.

Findings: The Plan did not provide evidence demonstrating the written roles and responsibilities for Encompass Community Services Medical Director includes all required elements. The following required elements are missing, specifically:

- Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care;
- Ensure that physicians do not delegate their duties to non-physician personnel;
- Develop and implement medical policies and standards for the provider;
- Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards;
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations; and
- Ensure that provider's physicians are adequately trained to perform other physician duties.

The Plan did not provide evidence demonstrating the written roles and responsibilities for Sun Street Centers Medical Director includes all required elements. The following required elements are missing, specifically:

- Signed and dated by the physician;
- Signed and dated by a provider representative;
- Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care;
- Ensure that physicians do not delegate their duties to non-physician personnel;
- Develop and implement medical policies and standards for the provider;

- Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards;
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations; and
- Ensure that provider's physicians are adequately trained to perform other physician duties.

The Plan did not provide evidence demonstrating the written roles and responsibilities for Door to Hope Women's Residential Programs Medical Director includes all required elements. The following required elements are missing, specifically:

- Signed and dated by the physician;
- Signed and dated by a provider representative;
- Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care;
- Ensure that physicians do not delegate their duties to non-physician personnel;
- Develop and implement medical policies and standards for the provider;
- Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards;
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations; and
- Ensure that provider's physicians are adequately trained to perform other physician duties.

CD 3.2.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, iii, a-i

- iii. Written provider 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 beneficiaries or their family members for personal gain
 - c. Prohibition of sexual contact with beneficiaries
 - d. Conflict of interest
 - e. Providing services beyond scope
 - f. Discrimination against beneficiaries or staff
 - g. Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff
 - h. Protection of beneficiary confidentiality
 - i. Cooperate with complaint investigations

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, v

- v. Written roles and responsibilities and a code of conduct for the Medical Director shall be clearly documented, signed and dated by a provider representative and the physician.

Findings: The Plan did not provide evidence demonstrating the Code of Conduct for San Benito County's Medical Director includes all required elements. The following required elements are missing, specifically:

- Signed and dated by the physician.
- Signed and dated by a provider representative.
- Providing services beyond scope.

The Plan did not provide evidence demonstrating the Code of Conduct for Sun Street Centers Medical Director includes all required elements. The following required elements are missing, specifically:

- Signed and dated by the physician;
- Signed and dated by a provider representative;
- Use of drugs and/or alcohol;
- Prohibition of social/business relationship with beneficiary's or their family members for personal gain;
- Prohibition of sexual contact with beneficiaries;
- Conflict of interest;
- Providing services beyond scope;
- Discrimination against beneficiary's or staff;
- Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff;
- Protection beneficiary confidentiality; and
- Cooperate with complaint investigations.

The Plan did not provide evidence demonstrating the Code of Conduct for Door to Hope Woman's Residential Programs Medical Director includes all required elements. The following required elements are missing, specifically:

- Signed and dated by the physician;
- Signed and dated by a provider representative;
- Use of drugs and/or alcohol;
- Prohibition of social/business relationship with beneficiary's or their family members for personal gain;
- Prohibition of sexual contact with beneficiaries;
- Conflict of interest;
- Providing services beyond scope;
- Discrimination against beneficiary's or staff;
- Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff;
- Protection beneficiary confidentiality; and
- Cooperate with complaint investigations.

CD 3.2.5:

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 did not provide evidence of the implemented annual mechanism for monitoring the safety and effectiveness of medication practices is under the supervision of a person licensed to prescribe or dispense prescription drugs.

CD 3.3.2:

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

1. 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 OTP/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.

Findings: The Plan did not provide evidence demonstrating how County and subcontractor staff are monitored for the accessibility of services outlined in the Quality Improvement (QI) Plan including:

- Timeliness of services of the first dose of OTP/NTP services;
- Strategies to reduce avoidable hospitalizations; and
- Coordination of physical and mental health services with waiver services at the provider level;

CD 3.4.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 4, i, c-f

- i. The CalOMS-Tx business rules and requirements are:
 - c. 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.
 - d. 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.
 - e. 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.
 - f. 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.

Findings: The Plan's Open Admissions report is not in compliance.

CD 3.4.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 4, i, c-f

- i. The CalOMS-Tx business rules and requirements are:
 - c. 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.
 - d. 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.
 - e. 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.
 - f. 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.

Findings: The Plan’s Open Provider report is not in compliance.

Category 4: ACCESS AND INFORMATION REQUIREMENTS

A review of the access and information requirements for the access line, language and format requirements and general information was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in access and information requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 4.1.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, II, 1

1. Contractor shall include instructions on record retention and include in any subcontract with providers the mandate to keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to WIC 14124.1 and 42 CFR 438.3(h) and 438.3(u).

WIC 14124.1

Each provider, as defined in Section 14043.1, of health care services rendered under the Medi-Cal program or any other health care program administered by the department or its agents or contractors, shall keep and maintain records of each service rendered under the Medi-Cal program or any other health care program administered by the department or its agents or contractors, the beneficiary or person to whom rendered, the date the service was rendered, and any additional information as the department may by regulation require. Records required to be kept and maintained under this section shall be retained by the provider for a period of 10 years from the final date of the contract period between the plan and the provider, from the date of completion of any audit, or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

Findings: The Plan did not provide evidence demonstrating that records are retained for ten years from the final date of the contract period between the County and the provider, from the date of completion of any audit, or from the date the service was rendered, whichever is later.

CD 4.2.2:

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.

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 5

5. The QM Program shall conduct performance-monitoring activities throughout the Contractor's operations. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances.

Findings: A minimum of two test calls were conducted for the Plan's 24/7 toll free number posted on the County's website. The responses to the test calls resulted in a barrier to access DMC-ODS services for prospective beneficiaries calling.

The test calls are summarized below:

Test Call 1: This call was determined to be in compliance. Call was completed during normal business hours on March 2, 2022 at approximately 9:30 am. Caller requested substance abuse services for a family member in need. The operator was professional, polite, provided clear direction, and attempted to establish eligibility.

Test Call 2: Test Call 2: This call was determined to be out of compliance. Call was completed outside of normal business hours at approximately 1:55 am. Caller requested substance abuse services for a family member in need, and indicated that the family member could become aggressive when using the substance. The operator did not seem prepared and could not articulate the intake process for the potential client in need. She asked caller to call back in the morning. Caller asked if there was a clinician on call in the event of an emergency. The operator, Charlie, did not advise caller to call 911, but stated that if the client was comfortable, they could call her. Caller asked for additional advice. Operator stated she would talk to client and help get them through the night. She stated that the normal business hours were from 8 to 5, Monday through Friday. She also provided the phone number (888) 896-3372 for a Family Education Resource line. She again encouraged caller to call back in the morning. The operator expressed her sympathies, and caller ended the call.

TECHNICAL ASSISTANCE

No technical assistance was requested by the county.