



JENNIFER KENT  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

May 7, 2019

Sent via e-mail to: Luke.Bergman@sdcounty.ca.gov

Dr. Luke Bergman, LCSW, Director  
San Diego County Health and Human Services  
Behavioral Health Services  
3255 Camino Del Rio South  
San Diego, CA 92108  
SUBJECT: Annual County Performance Unit Report

Dear Director Bergman:

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

San Diego County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 6/7/2019. 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 'Trang Huynh'.

Trang Huynh  
(916) 713-8570  
trang.huynh@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: Director Bergman

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  
Vanessa Machado, Policy and Prevention Branch, Office Technician  
Timothy Tormey, San Diego County Behavioral Health Program Coordinator

<b>Lead CPU Analyst:</b> Trang Huynh	<b>Date of Review:</b> 2/27/2019 - 2/28/2019
<b>Assisting CPU Analyst(s):</b> N/A	
<b>County:</b> San Diego	<b>County Address:</b> 3255 Camino del Rio South San Diego, CA 92108
<b>County Contact Name/Title:</b> Timothy Tormey	<b>County Phone Number/Email:</b> Timothy.tormey@sdcounty.ca.gov 619-584-3061
<b>Report Prepared by:</b> Trang Huynh	<b>Report Approved by:</b> 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

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### Entrance Conference:

An entrance conference was conducted at 3255 Camino del Rio South, San Diego, CA on 2/27/2019. The following individuals were present:

- Representing DHCS:  
Tracie Walker, Branch Chief  
Trang Huynh, AGPA  
Austin Trujillo, AGPA  
Jessica Jenkins, AGPA
- Representing San Diego County:  
Janet Cacho, QM Supervisor  
Erin Shapira, Admin Analyst  
Tim Tormey, SUD QM Coordinator  
Luke Bergmann, BHS Director  
Alfredo Aguirre, BHS Director  
Holly Salazar, Assistant Director  
Piedad Garcia, Deputy Director  
Tabatha Lang, Agency Ops Chief  
Yael Koenig, Deputy Director  
Kimberly Pauly, BH Program Coordinator  
Shannon Jackson, BH Program Coordinator  
Wendy Maramba, CYF Chief  
Angie DeVoss, Privacy Compliance Officer  
Stacey Kneeshaw, BH Program Coordinator  
Maria Morgan, BH Program Coordinator  
Milisa Tousilthiphonexay, Admin Analyst  
Gary Atkins, QM Specialist  
John Fulan, QM Specialist  
Diana Daitch, QM Specialist  
Matt Munski, AAll  
Phyllis Robinson, Analyst  
Raul Loyo-Rodriguez, DBM  
Alisha Eftekhari, BHPC  
Cheryl Lansang, AAll  
Cynthia Emerson, AAlll

During the Entrance Conference the following topics were discussed:

- Introductions
- Overview of Monitoring Purpose and Process
- County System of Service Overview

### Exit Conference:

An exit conference was conducted at 3255 Camino del Rio South, San Diego, CA on 2/28/2019. The following individuals were present:

- Representing DHCS:  
Tracie Walker, Branch Chief  
Trang Huynh, AGPA  
Austin Trujillo, AGPA  
Jessica Jenkins, AGPA
  
- Representing San Diego County:  
Janet Cacho, QM Supervisor  
Erin Sapria, Analyst  
Tim Tormey, SUD QM Coordinator  
Phyllis Robinson, Analyst  
Helen Kobold, QM  
Malisa Touisithiphonexay, Analyst  
Carrie Binam, QI Specialist  
Matt Munski, AAll  
Piedad Garcia, Deputy Director  
Tabatha Lang, Agency Ops Chief  
Yael Koenig, Deputy Director  
Kimberly Pauly, BH Program Coordinator  
Shannon Jackson, BH Program Coordinator  
Wendy Maramba, CYF Chief

During the Exit Conference the following topics were discussed:

- Review of compliance deficiencies
- Next steps

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

<b>Section:</b>	<b>Number of CD's:</b>
<b>1.0 Administration</b>	<b>0</b>
<b>2.0 SABG Monitoring</b>	<b>1</b>
<b>3.0 Perinatal</b>	<b>0</b>
<b>4.0 Adolescent/Youth Treatment</b>	<b>0</b>
<b>5.0 Primary Prevention</b>	<b>0</b>
<b>6.0 Cultural Competence</b>	<b>0</b>
<b>7.0 CalOMS and DATAR</b>	<b>1</b>
<b>8.0 Privacy and Information Security</b>	<b>0</b>

## CORRECTIVE ACTION PLAN

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

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

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

The CPU analyst will monitor progress of the CAP completion.



## 2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 2.15:**

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

- a) Whether the quantity of work or services being performed conforms to Exhibit B.*
- b) Whether the Contractor has established and is monitoring appropriate quality standards.*
- c) Whether the Contractor is abiding by all the terms and requirements of this Contract.*
- d) Whether the Contractor is abiding by the terms of the Perinatal Services Network Practice Guidelines (Document 1G).*
- e) Whether the Contractor conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent by secure, encrypted email to:*

*SUDCountyReports@dhcs.ca.gov or Substance Use Disorder-Program, Policy, and Fiscal Division  
Performance Management Branch  
Department of Health Care Services  
PO Box 997413, MS-2627  
Sacramento, CA 95899-7413*

**Finding:** The County did not submit all (5 of 87) of their SABG monitoring reports for SFY 17-18 to DHCS within two weeks of report issuance.

**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.

**10.0 TECHNICAL ASSISTANCE**

The County did not request any TA for this fiscal year.



JENNIFER KENT  
DIRECTOR

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



GAVIN NEWSOM  
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May 7, 2019

Sent via e-mail to: [luke.bergman@sdcountry.ca.gov](mailto:luke.bergman@sdcountry.ca.gov)

Dr. Luke Bergman, LCSW, Director  
San Diego County Health and Human Services  
Behavioral Health Services  
3255 Camino Del Rio South  
San Diego, CA 92108

SUBJECT: Annual County Performance Unit Report

Dear Director Bergman:

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 Diego 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 San Diego County's 2018-19 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

San Diego County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 6/7/2019. 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](mailto: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: Director Bergman

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  
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  
Vanessa Machado, Policy and Prevention Branch Office Technician  
Timothy Tormey, San Diego County Behavioral Health Program Coordinator

<b>Lead CPU Analyst:</b> Austin Trujillo	<b>Date of Review:</b> 2/27/2019-2/28/2019
<b>Assisting CPU Analyst(s):</b> Jessica Jenkins	<b>Date of DMC-ODS Implementation:</b> 6/18/2018
<b>County:</b> San Diego	<b>County Address:</b> 3255 Camino del Rio South San Diego, CA 92108
<b>County Contact Name/Title:</b> Timothy Tormey	<b>County Phone Number/Email:</b> Timothy.tormey@sdcounty.ca.gov 619-584-3061
<b>Report Prepared by:</b> Jessica Jenkins	<b>Report Approved by:</b> Susan Jones

## REVIEW SCOPE

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

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### Entrance Conference:

An entrance conference was conducted at 3255 Camino del Rio South, San Diego, CA on 2/27/2019.

The following individuals were present:

- Representing DHCS:  
Tracie Walker, Performance & Integrity Branch Chief  
Trang Huynh, Associate Governmental Program Analyst (AGPA)  
Austin Trujillo, AGPA  
Jessica Jenkins, AGPA
- Representing San Diego County:  
Erin Shapira, Administrative Analyst  
Tim Tormey, Substance Use Disorders Quality Improvement Coordinator  
Tabatha Lang, Agency Operations Chief  
Yael Koenig, Deputy Director  
Angie DeVoss, Privacy Compliance Officer  
Stacey Kneeshaw, BH Program Coordinator  
Maria Morgan, BH Program Coordinator  
Matt Munski, Administrative Analyst III  
Phyllis Robinson, Analyst  
Alisha Eftekhari, Behavior Health Program Director  
Cynthia Emerson, Administrative Analyst III

During the Entrance Conference the following topics were discussed:

- Introductions
- Overview of Monitoring Purpose and Process
- County System of Service Overview

### Exit Conference:

An exit conference was conducted at 3255 Camino del Rio South, San Diego, CA on 2/28/2019. The following individuals were present:

- Representing DHCS:  
Tracie Walker, Branch Chief  
Trang Huynh, AGPA  
Austin Trujillo, AGPA  
Jessica Jenkins, AGPA
- Representing San Diego County:  
Erin Shapira, Administrative Analyst  
Tim Tormey, Substance Use Disorders Quality Improvement Coordinator  
Tabatha Lang, Agency Operations Chief  
Yael Koenig, Deputy Director  
Angie DeVoss, Privacy Compliance Officer  
Stacey Kneeshaw, BH Program Coordinator  
Maria Morgan, BH Program Coordinator



Matt Munski, Administrative Analyst III  
Phyllis Robinson, Analyst  
Alisha Eftekhari, Behavior Health Program Director  
Cynthia Emerson, Administrative Analyst III  
Piefal Gara, Department Director AOA

During the Exit Conference the following topics were discussed:

- Review of compliance deficiencies
- Next steps

**SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD) AND NEW REQUIREMENTS (NR)**

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

## CORRECTIVE ACTION PLAN

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

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

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

The CPU analyst will monitor progress of the CAP completion.

### **NEW REQUIREMENTS (NR)**

*Due to the early annual county monitoring review, findings related to the standards and requirements will not be identified as a compliance deficiency; however, a plan to fulfil the new requirements must be submitted.*

## 2.0 MEMBER SERVICES

The following deficiencies in the Member Services requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 2.10:**

##### Intergovernmental Agreement Exhibit A, Attachment I, 14, E

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

**Finding:** Translation of the Plan's beneficiary handbook into the following County threshold languages were in draft form and therefore not available to beneficiaries:

- Hindi
- Punjab
- Lao

#### **CD 2.14**

##### Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xv, a-c.

- a. The Contractor shall make available in electronic form and, upon request, in paper form, the following information about its network providers:
  - i. The provider's name as well as any group affiliation;
  - ii. Street address(es);
  - iii. Telephone number(s);
  - iv. Website URL, as appropriate;
  - v. Specialty, as appropriate;
  - vi. Whether the provider will accept new beneficiaries;
  - vii. The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competence training; and
  - viii. Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment.
- b. The Contractor shall include the following provider types covered under this Agreement in the provider directory:
  - i. Physicians, including specialists
  - ii. Hospitals
  - iii. Pharmacies
  - iv. Behavioral health providers
- c. Information included in a paper provider directory shall be updated at least monthly and electronic provider directories shall be updated no later than 30 calendar days after the Contractor receives updated provider information.

**MHSUDS Information Notice: 18-020**

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

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

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

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

**Finding:** The provider directory was missing the following required elements:

- Whether the provider will accept new beneficiaries

- The provider’s cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider’s office,
- Whether the provider’s office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment
- National Provider Identifier number
- California license number and type of license
- An indication of whether the provider has completed cultural competence training
- The following required language: “Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan’s provider directory.”

### 3.0 SERVICE PROVISION

The following deficiency in Service Provision requirements was identified:

#### COMPLIANCE DEFICIENCIES:

##### **CD 3.17:**

##### Intergovernmental Agreement Exhibit A, Attachment I, V, O, 1-3.

As stated in Article V.A of Exhibit A, Attachment I, the Contractor has elected to provide MAT services as a Contractor specific service. Therefore, the Contractor shall comply with the following Contractor specific MAT requirements:

1. Additional MAT shall include the assessment, treatment planning, ordering, prescribing, and monitoring of all medications for SUDs. Medically necessary services are provided in accordance with an individualized treatment plan determined by a licensed physician or LPHA working within their scope of practice.
2. The Contractor shall ensure DMC-ODS subcontractors may be able to prescribe buprenorphine, naltrexone (oral and injectable), acamprosate, disulfiram, and naloxone. Other approved medications in the treatment of SUDs may also be prescribed, as medically necessary.
3. The Contractor shall ensure case management to coordinate care with treatment and ancillary service providers and facilitate transitions between levels of care. Beneficiaries may simultaneously participate in MAT services and other ASAM LOCs.

**Finding:** According to the San Diego County Intergovernmental Agreement, the Plan elected to offer Additional Medication Assisted Treatment, however this service is not being provided.

## 4.0 ACCESS

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

### COMPLIANCE DEFICIENCIES:

#### **CD 4.27:**

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

##### Attestation

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

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

**Finding:** The Plan did not provide evidence that credentialing attestations from the Plan's network providers is required.

#### **CD 4.29:**

##### 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.

**Finding:** The Plan's process did not include:

- Anticipated number of Medi-Cal eligible beneficiaries.
- Geographic location of providers and their accessibility to beneficiaries, considering distance, travel time, means of transportation ordinarily used by all Medi-Cal beneficiaries, not DMC-ODS only, and physical access for disabled beneficiaries.

Note: DHCS is in the process of certifying San Diego County for Network Adequacy. This finding is deferred to the Network Adequacy Team. Do not address in CAP.

## 7.0 QUALITY

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

### COMPLIANCE DEFICIENCIES:

#### **NR 7.43:**

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

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

**Finding:** The Plan did not provide evidence of monitoring for the safety and effectiveness of medication practices for narcotic treatment programs.

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

- Timeliness of first initial contact to face-to-face appointment
- Frequency of follow-up appointments in accordance with individualized treatment plans
- Timeliness of services of the first dose of NTP services
- Access to after-hours care
- Responsiveness of the beneficiary access line
- 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.

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

- Open Admissions Report

## 8.0 PROGRAM INTEGRITY

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

### COMPLIANCE DEFICIENCIES:

#### **CD 8.58:**

##### Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 4, i – ii.

- 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 and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, 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 substance use disorder medical director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the substance use disorder medical director shall remain responsible for ensuring all delegated duties are properly performed..

##### Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, 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.

**Finding:** The written roles and responsibilities, and code of conduct for the following provider medical directors were missing the following requirement(s):

- McAlister Institute for Treatment and Education, Inc. (DMC #8542)
  - Signed and dated by the physician
  - Signed and dated by a provider representative
  - Ensure that the medical decisions made by physicians are not influenced by fiscal considerations
  - Ensure that physicians do not delegate their duties to non-physician personnel
- HealthRight 360 (DMC #8601)
  - Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care

- Union of Pan Asian (DMC #8584)
  - Signed and dated by a provider representative

**CD 8.61:**

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

All complaints received by Contractor regarding a DMC certified facility shall be forwarded to:  
Submit to Drug Medi-Cal Complaints:

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

Alternatively, call the Hotlines:

Drug Medi-Cal Complaints/Grievances: (800) 896-4042  
Drug Medi-Cal Fraud: (800) 822-6222

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

SUD Compliance Division:  
Public Number: (916) 322-2911  
Toll Free Number: (877) 685-8333  
The Complaint Form is available and can may be submitted online:  
<http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>

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

**Finding:** The Plan did not provide evidence substantiating the above requirements are being met.