



JENNIFER KENT
DIRECTOR

July 31, 2019

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



GAVIN NEWSOM
GOVERNOR

Sent via e-mail to: judith.martin@sfdph.org

Judith Martin, MD
Deputy Medical Director of Community Behavioral Health Services
Medical Director, Substance Use Services
San Francisco Department of Health Services
1380 Howard Street
San Francisco, CA 94103

SUBJECT: Annual County Performance Unit Report

Dear Director Martin:

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

San Francisco County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 8/30/2019. 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 Martin

CC: Tracie Walker, Performance & Integrity Branch Chief
Sandi Snelgrove, Prevention and Family Services Section Chief
Janet Rudnick, Utilization Review Section Chief
Cynthia Hudgins, Quality Monitoring Section Chief
Susan Jones, County Performance Supervisor
Tianna Hammock, Drug Medi-Cal Monitoring Unit I Supervisor
Stephanie Quok, Drug Medi-Cal Monitoring Unit II Supervisor
Tiffany Stover, Postservice Postpayment Unit I Supervisor
Eric Painter, Postservice Postpayment Unit II Supervisor
Jessica Fielding, Office of Women, Perinatal and Youth Services Unit Supervisor
Patricia Gulfam, Prevention Quality Assurance and Support Unit Supervisor
Elissa Velez, San Francisco County Programs Coordinator

Lead CPU Analyst: Trang Huynh	Date of Review: 5/28/2019 - 5/30/2019
Assisting CPU Analyst(s): Michael Ulibarri	
County: San Francisco	County Address: 1380 Howard Street San Francisco, CA 94103
County Contact Name/Title: Judith Martin, Deputy Medical Director of Community Behavioral Health Services Medical Director, Substance Use Services	County Phone Number/Email: (415) 255-3601 Judith.martin@sfdph.org
Report Prepared by: Trang Huynh	Report Approved by: Susan Jones

REVIEW SCOPE

- I. Regulations:
 - a. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
 - b. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block
 - c. HSC, Division 10.5, Section 11750 – 11970: State Department of Health Care

- II. Program Requirements:
 - a. State Fiscal Year (SFY) 2018-19 State County Contract, herein referred to as State County Contract
 - b. State of California *Youth Treatment Guidelines Revised August 2002*
 - c. DHCS *Perinatal Services Network Guidelines SFY 2016-17*
 - d. National Culturally and Linguistically Appropriate Services (CLAS)
 - e. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 1380 Howard Street, San Francisco, CA 94103 on 5/28/2019. The following individuals were present:

- Representing DHCS:
Michael Ulibarri, Associate Governmental Program Analyst (AGPA)
Trang Huynh, AGPA
- Representing San Francisco County:
Jim Stillwell, Administrative Analyst
Edwin Batongbacal, Director of Adult System of Care
Judith Martin, Medical Director/AOD Administrator
Elissa Velez, SUD Programs Coordinator
Jose Luis Guzman, SUD Program Manager
Laurel Snead, Principle Administrative Analyst
Erik Dubon, SUD Project Manager
Liliana DelaRosa, Quality Improvement Coordinator
John Shields, Security Supervisor
Michael Rojas, Administrative Analyst
Michelle Meier, Quality Improvement Coordinator
Chona Peralta, DPH Compliance Officer
Deborah Sherwood, Director of Quality Management
Tom Mesa, Business Office Contract Compliance Manager
Craig Murdock, Director of SF Health Network-Behavioral Health Access Programs
Angelica Almeida, Director of Forensic/Justice Involved Behavioral Health Services
Irene Sung, BHS Medical Director
Kellee Hom, Clinical Health Informaticist
Maria Barteaux, Billing Manager
Kim Oka, Privacy Officer
Margaret Rykowski, Director of Office of Compliance and Privacy Affairs
Joe Gorndt, Assistant Auditor
Angel Cassidy, TAP Director
Monica Rose, Quality Management Director
Sherry Lam, Epidemiologist
Melissa Bloom, Risk Manager
Lucky Arellano, Grievance & Appeal Officer

During the Entrance Conference the following topics were discussed:

- Introductions of both the DHCS and San Francisco County representatives present at the meeting.
- An overview of how the review would be conducted was provided by DHCS.

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Edwin Batongbacal, Director of Adult System of Care

During the Exit Conference the following topics were discussed:

- DHCS presented a review of the county's deficiencies and items to be followed up on with DHCS management.

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	0
2.0 SABG Monitoring	2
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 CAP(s) with CD(s) were discussed and are still outstanding.

SABG CDs

2014-15:

CD #7:

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

County Reason for non-clearance of CD: A major challenge has been sorting through open admissions of NTP providers who often have long-term clients. We must identify which clients need discharges vs. those still in care and who need annual updates. This is further complicated by the fact that NTP providers use Methasoft as their main electronic health record and there is frequent CBO staff turnover. This causes a delay in data entry, loss of technical expertise, increased county support and training for agencies. The new BHIS system will not allow annual updates for clients with admission dates prior to 1999. Discharge updates for a person in treatment prior to 1998 are not allowed via upload. The CalOMS process is cumbersome and requires sequential steps that often require following up week after week to see whether the issue was resolved.

County plan to remediate: BHS IT will write a report to identify which clients in a narcotic treatment program are actively in treatment and those who are not. The County will ensure programs correct Discharge Errors and resubmit CalOMS Discharge. They will also work with providers to develop a workflow to get annual updates into Avatar in a timely manner. It appears annuals in NTP programs are being completed on paper and kept in charts but not being directly entered into Avatar. The County will work with providers that have a large number of open admissions; BAARTs, Westside, Bayview Methadone, and Joe Healy to clear a target of 100 records a month.

Original expected date of completion: February 25, 2015

Updated/ revised date of completion: December 15, 2019

2015-16:

CD #8:

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

County Reason for non-clearance of CD: See CD #7

County plan to remediate: See CD #7

Original expected date of completion: September 15, 2016

Updated/ revised date of completion: December 15, 2019

2016-17:

CD 10.57.d:

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

County Reason for non-clearance of CD: See CD #7

County plan to remediate: See CD #7

Original expected date of completion: September 2017

Updated/ revised date of completion: December 15, 2019

2017-18:

CD 7.41.b:

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

County Reason for non-clearance of CD: See CD #7

County plan to remediate: See CD #7

Original expected date of completion: January 31, 2019

Updated/ revised date of completion: December 15, 2019

CD 7.41.c:

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

County Reason for non-clearance of CD: We have experienced challenges with DATAR only recently due to system/technical issues. The DATAR system does not allow us to create passwords for users. The system still shows DATAR data was not reported even if the program is closed. San Francisco rolled out multiple new programs for 18/19 for the ODS Waiver, these programs gained access to the system late and have been catching up. When a program receives Drug Medi-Cal certification, it immediately shows on the non-compliance list even though it is not offering services yet. Sometimes this goes back years and providers are intimidated by the years of data entry. The biggest challenges are the problems related to MPF and open admissions. Some providers should not have the CalOMS flag turned on because they don't conduct treatment. We have 2 pharmacies on the list and they do not enter CalOMS or DATAR. We also have a number of issues related to new provider codes that were issued during Drug Medi-Cal certification, some for duplicate locations.

County plan to remediate: The County has submitted multiple tickets with DHCS IT to resolve the technical system problems and am waiting to hear back. The best approach to resolve DATAR is to resolve the MPF issues first. MPF programs need updates, new emails, existing provider form updates, and Elissa will work with Long and Maria Colon (DHCS MPF) to clear out old programs. Jose Luis Guzman will ensure open admissions are cleaned as programs close and Elissa will update and close programs for MPF. We will have a conversation with Long (DHCS EITS) about the pharmacies on our non-compliance list and hope to receive support from DHCS on issues like this. We will also discuss with Cost Report, their needs, and how we can work together to have the information we all need in MPF without affecting the data.

Original expected date of completion: October 1, 2018

Updated/ revised date of completion: September 30th 2019

DMC-ODS CD

2017-18:

CD 7.53:

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

County Reason for non-clearance of CD: A major challenge has been sorting through open admissions of NTP providers who often have long-term clients. We must identify which clients need discharges vs those still in care and who need annual updates. This is further complicated by the fact that NTP providers use Methasoft as their main electronic health record and there is frequent CBO staff turnover. This causes a delay in data entry, loss of technical expertise, increased county support and training for agencies. The new BHIS system will not allow annual updates for clients with admission dates prior to 1999. Discharges updates for a person in treatment prior to 1998 are not

allowed via upload. The CalOMS process is cumbersome and requires sequential steps that often require following up week after week to see whether the issue was resolved.

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Original expected date of completion: January 31, 2019

Updated/ revised date of completion: December 15, 2019

Please Note: San Francisco County has been deficient in CalOMS requirements since FY 14-15. The corrective actions by the County have not remediated the non-compliance issues satisfactory as the finding was identified again in the FY 18-19 review. Please include the actions to be taken described above in the Corrective Action Plan. San Francisco County must remediate this issue by September 30, 2019.

CalOMS data outcomes is necessary for the evaluation of the DMC-ODS demonstration waiver and is an annual data submission requirement of the SABG. If significant CalOMS data is not submitted and the deficiency is not address adequately, the Department will begin the withhold process of SABG reimbursement. .

Demand for Assurance of Compliance to San Francisco County sent on September 24, 2018:

San Francisco County is required to continue to submit monthly financial reporting on DMC-ODS in network and out of network expenditures for both adult and adolescent beneficiaries until further notice via email to ODSSubmissions@dhcs.ca.gov.

CORRECTIVE ACTION PLAN

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

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

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

The CPU analyst will monitor progress of the CAP completion.

2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.9:

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

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

Finding: The County did not monitor three of six County providers for all SABG program and fiscal requirements.

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 three of six of their SABG monitoring reports for SFY 17-18.

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.

9.0 TECHNICAL ASSISTANCE

The County did not request any TA for FY 18-19.



JENNIFER KENT
DIRECTOR

July 31, 2019

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



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Sent via e-mail to: judith.martin@sfdph.org

Judith Martin, MD
Deputy Medical Director of Community Behavioral Health Services
Medical Director, Substance Use Services
San Francisco Department of Health Services
1380 Howard Street
San Francisco, CA 94103

SUBJECT: Annual County Performance Unit Report

Dear Director Martin:

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 Francisco 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 Francisco 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 Francisco County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 8/30/2019. 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,

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Substance Use Disorder
Program, Policy and Fiscal Division
County Performance Unit
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Distribution:

To: Director Martin

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
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Patricia Gulfam, Prevention Quality Assurance and Support Unit Supervisor
Elissa Velez, San Francisco County Programs Coordinator

Lead CPU Analyst: Michael Ulibarri	Date of Review: 5/28/2019 - 5/30/2019
Assisting CPU Analyst(s): Trang Huynh	Date of DMC-ODS Implementation: 7/1/2017
County: San Francisco	County Address: 1380 Howard Street San Francisco, CA 94103
County Contact Name/Title: Judith Martin, Deputy Medical Director of Community Behavioral Health Services Medical Director, Substance Use Services	County Phone Number/Email: (415) 255-3601
Report Prepared by: Michael Ulibarri/Trang Huynh	Report Approved by: Susan Jones

REVIEW SCOPE

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

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

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During the Exit Conference the following topics were discussed:

- DHCS presented a review of the county's tentative deficiencies and items to be followed up on with DHCS management.
- Questions were fielded and further discussion about the process used by DHCS to determine compliance on complex issues was presented to the county.

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

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

PREVIOUS CAPs

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SABG CDs

2014-15:

CD #7:

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

County Reason for non-clearance of CD: A major challenge has been sorting through open admissions of NTP providers who often have long-term clients. We must identify which clients need discharges vs. those still in care and who need annual updates. This is further complicated by the fact that NTP providers use Methasoft as their main electronic health record and there is frequent CBO staff turnover. This causes a delay in data entry, loss of technical expertise, increased county support and training for agencies. The new BHIS system will not allow annual updates for clients with admission dates prior to 1999. Discharge updates for a person in treatment prior to 1998 are not allowed via upload. The CalOMS process is cumbersome and requires sequential steps that often require following up week after week to see whether the issue was resolved.

County plan to remediate: BHS IT will write a report to identify which clients in a narcotic treatment program are actively in treatment and those who are not. The County will ensure programs correct Discharge Errors and resubmit CalOMS Discharge. They will also work with providers to develop a workflow to get annual updates into Avatar in a timely manner. It appears annuals in NTP programs are being completed on paper and kept in charts but not being directly entered into Avatar. The County will work with providers that have a large number of open admissions; BAARTs, Westside, Bayview Methadone, and Joe Healy to clear a target of 100 records a month.

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Original expected date of completion: January 31, 2019

Updated/ revised date of completion: December 15, 2019

Please Note: San Francisco County has been deficient in CalOMS requirements since FY 14-15. The corrective actions by the County have not remediated the non-compliance issues satisfactory as the finding was identified again in the FY 18-19 review. Please include the actions to be taken described above in the Corrective Action Plan. San Francisco County must remediate this issue by September 30, 2019.

CalOMS data outcomes is necessary for the evaluation of the DMC-ODS demonstration waiver and is an annual data submission requirement of the SABG. If significant CalOMS data is not submitted and the deficiency is not address adequately, the Department will begin the withhold process of SABG reimbursement. .

Demand for Assurance of Compliance to San Francisco County sent on September 24, 2018:

San Francisco County is required to continue to submit monthly financial reporting on DMC-ODS in network and out of network expenditures for both adult and adolescent beneficiaries until further notice via email to ODSSubmissions@dhcs.ca.gov.

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/NR.
- d) Who will be responsible for correction and ongoing compliance.

The CPU analyst will monitor progress of the CAP completion.

2.0 MEMBER SERVICES

The following deficiencies in the member services requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.10:

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

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

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2 xvii, a.

- a. The Contractor shall utilize, and require its subcontracted providers to utilize, the state developed model beneficiary handbook.

Finding: The Plan did not provide finalized copies of the Plan's beneficiary handbook in any of the required County threshold languages indicating they were not available to beneficiaries.

CD 2.14:

MHSUDS Information Notice: 18-020

I. Provider Directory Content

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

- The provider's name and group affiliation, if any;
- Provider's business address(es) (e.g., physical location of the clinic or office);
- Telephone number(s);
- Email address(es), as appropriate;
- Website URL, as appropriate;
- Specialty, in terms of training, experience and specialization, including board certification (if any);
- Services / modalities provided, including information about populations served (i.e., perinatal, children/youth, adults);
- Whether the provider accepts new beneficiaries;
- The provider's cultural capabilities (e.g., veterans, older adults, Transition Age Youth, Lesbian, Gay, Bisexual, Transgender);
- The provider's linguistic capabilities including languages offered (e.g., Spanish, Tagalog, American Sign Language) by the provider or a skilled medical interpreter at the provider's office; and,

- Whether the provider’s office / facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment.
- In addition to the information listed above, the provider directory must also include the following information for each rendering provider:
 - Type of practitioner, as appropriate;
 - National Provider Identifier number;
 - California license number and type of license; and,
 - An indication of whether the provider has completed cultural competence training.

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

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

Finding: The Plan was unable to provide a hard copy and machine readable format of the provider directory.

Additionally, the online provider directory is missing the following required element(s):

- Whether the provider will accept new beneficiaries
- Whether the provider accepts new beneficiaries;
- The provider’s cultural capabilities (e.g., veterans, older adults, Transition Age Youth, Lesbian, Gay, Bisexual, Transgender);
- Whether the provider’s office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment

4.0 ACCESS

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

COMPLIANCE DEFICIENCY:

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
- Follow any additional DHCS requirements

5.0 COORDINATION OF CARE

The following deficiency in Coordination of Care for regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCY:

CD 5.33:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 3, iii. a – f.

- iii. The Contractor shall implement procedures to deliver care to and coordinate services for all of its beneficiaries. These procedures shall meet Department requirements and shall do the following:
 - a. Ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. The beneficiary shall be provided information on how to contact their designated person or entity.
 - b. Coordinate the services the Contractor furnishes to the beneficiary:
 - i. Between settings of care, including appropriate discharge planning for short term and long-term hospital and institutional stays.
 - ii. With the services the beneficiary receives from any other managed care organization.
 - iii. With the services the beneficiary receives in FFS Medicaid.
 - iv. With the services the beneficiary receives from community and social support providers.
 - 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.
 - 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.

Finding: The Plan's procedures do not include the following:

- The coordination of the services the contractor furnishes to the beneficiary with the services the beneficiary receives from any other managed care organization.
- The coordination of the services the contractor furnishes to the beneficiary with the services the beneficiary receives in fee for service (FFS) Medicaid.
- The coordination of the services the contractor furnishes to the beneficiary with the services the beneficiary receives from community and social support providers.

- 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.
- 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.
- Ensure that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards.
- 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.

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, III, LL, 4, i – ix.

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

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

- Frequency of follow-up appointments in accordance with individualized treatment plans
- Timeliness of services of the first dose of NTP services
- Strategies to reduce avoidable hospitalizations
- Coordination of physical and mental health services with waiver services at the provider level
- 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 8.58:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, 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, 7, 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 Plan did not ensure all DMC Medical Directors are aware of and are meeting the required elements in the written roles and responsibilities and code of conduct for the medical director.

CD 8.64:

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 3, I, d.

- iii. The Contractor shall submit to the Department the following data:
The annual report of overpayment recoveries as required in 42 CFR §438.608(d)(3).

42 CFR §438.608(d).

Treatment of recoveries made by the MCO, PIHP or PAHP of overpayments to providers.
Contracts with a MCO, PIHP, or PAHP must specify:

- The retention policies for the treatment of recoveries of all overpayments from the MCO, PIHP, or PAHP to a provider, including specifically the retention policies for the treatment of recoveries of overpayments due to fraud, waste, or abuse.
- ii. The process, timeframes, and documentation required for reporting the recovery of all overpayments.
 - iii. The process, timeframes, and documentation required for payment of recoveries of overpayments to the State in situations where the MCO, PIHP, or PAHP is not permitted to retain some or all of the recoveries of overpayments.

Finding: The Plan's submitted procedure did not address the prompt reporting of all overpayments identified or recovered to DHCS.