



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

July 22, 2019

Sent via e-mail to: tvatan@sjcbhs.org

Tony Vartan, LCSW
San Joaquin County Behavioral Health Services
1212 N. California Street
Stockton, CA 95202

SUBJECT: Annual County Performance Unit Report

Dear Administrator Vartan:

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 Joaquin 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 Joaquin County's 2018-19 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

San Joaquin County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 8/22/2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to the CPU analyst or mailed to the address listed below.

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

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

Jessica Jenkins
(916) 713-8577
Jessica.Jenkins@dhcs.ca.gov

Substance Use Disorder
Program, Policy and Fiscal Division
County Performance Unit
P.O. Box 997413, MS 2627
Sacramento, CA 95814
<http://www.dhcs.ca.gov>

Distribution:

To: Administrator Vartan

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
Jessica Fielding, Office of Women, Perinatal and Youth Services Unit Supervisor
Patricia Gulfam, Prevention Quality Assurance and Support Unit Supervisor
Donna Bickham, Quality Improvement/Quality Assurance Manager

Lead CPU Analyst: Cassondra Queen	Date of Review: 5/21/2019 - 5/22/2019
Assisting CPU Analyst(s): Jessica Jenkins	
County: San Joaquin	County Address: 1212 N. California Street Stockton, CA 95202
County Contact Name/Title: Donna Bickham/Quality Assurance Program Manager	County Phone Number/Email: 209-468-8482 dbickham@sjbhs.org
Report Prepared by: Jessica Jenkins	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 1212 N. California Street Stockton, CA 95202 on 5/21/2019. The following individuals were present:

- Representing DHCS:
Jessica Jenkins, Associate Governmental Program Analyst (AGPA)
LaMonte Love, AGPA
- Representing San Joaquin County:
Maria Boklund, Quality Assurance Program Manager
Donna Bickham, Quality Assurance Program Manager
Soma Azizi, Quality Assurance Program Manager
Eric Shungu, Manager
Bophany Sasskam, Compliance Officer
Donna Yin, Information Systems
Vanessa Anderson, Finance
Iris Gunther-Battles, Accountant II
Paul Pelletler, Substance Abuse Services Program Manager
Kathy Mero, Substance Abuse Services Coordinator
Tony Vartan, Director
Khurram Durrant, Medical Director
Jennifer Susskind, Evaluator

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 1212 N. California Street Stockton, CA 95202 on 5/22/2019.

The following individuals were present:

- Representing DHCS:
Jessica Jenkins, AGPA
LaMonte Love, AGPA
- Representing San Joaquin County:
Maria Boklund, Quality Assurance Program Manager
Donna Bickham, Quality Assurance Program Manager
Soma Azizi, Quality Assurance Program Manager
Eric Shungu, Manager
Bophany Sasskam, Compliance Officer
Donna Yim, Information Systems
Vanessa Anderson, Finance
Iris Gunther-Battles, Accountant II
Paul Pelletler, Substance Abuse Services Program Manager

Kathy Mero, Substance Abuse Services Coordinator
Tony Vartan, Director
Khurram Durrant, Medical Director
Jennifer Susskind, Evaluator
Cara Dunn, Deputy Director

During the Exit Conference the following topics were discussed:

- Technical assistance regarding specific questions on the monitoring tools.
- Review of follow-up items for the County and DHCS.
- Final review of compliance deficiencies and recommendations.

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

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

CORRECTIVE ACTION PLAN

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

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

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

The CPU analyst will monitor progress of the CAP completion.

**7.0 CALIFORNIA OUTCOMES MEASUREMENT SYSTEM TREATMENT (CalOMS Tx)
AND DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR)**

The following deficiencies in CalOMS and DATAR regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 7.34.a:

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 provider report is not current.

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.

9.0 TECHNICAL ASSISTANCE

San Joaquin County did not request technical assistance during this fiscal year.



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

July 22, 2019

Sent via e-mail to: tvartan@sjcbhs.org

Anthony Vartan, LCSW
San Joaquin County Behavioral Health Services
1212 N. California Street
Stockton, CA 95202

SUBJECT: Annual County Performance Unit Report

Dear Director Vartan:

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 Joaquin 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 Joaquin 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 Joaquin County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 8/22/2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to the CPU analyst or mailed to the address listed below.

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

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

Jessica Jenkins
(916) 713-8577
jessica.jenkins@dhcs.ca.gov

Substance Use Disorder
Program, Policy and Fiscal Division
County Performance Unit
P.O. Box 997413, MS 2627
Sacramento, CA 95814
<http://www.dhcs.ca.gov>

Distribution:

To: Administrator Vartan

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
Jessica Fielding, Office of Women, Perinatal and Youth Services Unit Supervisor
Patricia Gulfam, Prevention Quality Assurance and Support Unit Supervisor
Donna Bickham, San Joaquin County Quality Improvement/Quality Assurance Manager

Lead CPU Analyst: Jessica Jenkins	Date of Review: 5/21/2019 - 5/22/2019
Assisting CPU Analyst(s): LaMonte Love	Date of DMC-ODS Implementation: 7/1/2018
County: San Joaquin	County Address: 1212 N. California Street Stockton, CA 95202
County Contact Name/Title: Donna Bickham, LCSW Quality Improvement Manager	County Phone Number/Email: 209-468-8482 dbickham@sjbhs.org
Report Prepared by: Jessica Jenkins	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:

An entrance conference was conducted at 1212 N. California Street Stockton, CA 95202 on 5/21/2019. The following individuals were present:

- Representing DHCS:
Jessica Jenkins, Associate Governmental Program Analyst (AGPA)
LaMonte Love, AGPA
- Representing San Joaquin County:
Maria Boklund, Quality Assurance Program Manager
Donna Bickham, Quality Assurance Program Manager
Soma Azizi, Quality Assurance Program Manager
Eric Shungu, Manager
Donna Yin, Information Systems
Vanessa Anderson, Finance
Iris Gunther-Battles, Accountant II
Paul Pelletler, Substance Abuse Services Program Manager
Kathy Mero, Substance Abuse Services Coordinator
Tony Vartan, Director
Khurram Durrant, Medical Director
Jennifer Susskind, Evaluator

During the Entrance Conference the following topics were discussed:

- Introductions
- DHCS provided an overview of the review
- County provided an overview of the County and the services available

Exit Conference:

An exit conference was conducted at 1212 N. California Street Stockton, CA 95202 on 5/22/2019. The following individuals were present:

- Representing DHCS:
Jessica Jenkins, AGPA
LaMonte Love, AGPA
- Representing San Joaquin County:
Maria Boklund, Quality Assurance Program Manager
Donna Bickham, Quality Assurance Program Manager
Soma Azizi, Quality Assurance Program Manager
Eric Shungu, Manager
Donna Yim, Information Systems
Vanessa Anderson, Finance
Iris Gunther-Battles, Accountant II
Paul Pelletler, Substance Abuse Services Program Manager
Kathy Mero, Substance Abuse Services Coordinator
Tony Vartan, Director

Khurram Durrant, Medical Director
Jennifer Susskind, Evaluator
Cara Dunn, Deputy Director

During the Exit Conference the following topics were discussed:

- Reviewed all follow-up items for both the County and DHCS.
- DHCS outlined the next steps and when the County should expect their final report.

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

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

CORRECTIVE ACTION PLAN

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

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

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

The CPU analyst will monitor progress of the CAP completion.

2.0 MEMBER SERVICES

The following deficiency in the member services requirements was identified:

COMPLIANCE DEFICIENCY:

CD 2.16:

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.

Finding: The Plan's 24/7 access line representative stated that no initial assessment would be conducted to determine if the caller was eligible for services and failed to make an appropriate referral.

3.0 SERVICE PROVISION

The following deficiency in service provision requirements was identified:

COMPLIANCE DEFICIENCY:

CD 3.19:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 9, i.

- i. The Contractor shall adopt practice guidelines that meet the following requirements:
 - a. Are based on valid and reliable clinical evidence or a consensus of providers in the particular field;
 - b. Consider the needs of the Contractor's beneficiaries;
 - c. Are adopted in consultation with contracting health care professionals; and
 - d. Are reviewed and updated periodically as appropriate.

Finding: The Plan has not developed or adopted, and implemented practice guidelines that meet following criteria:

- Based on clinical evidence or provider consensus in the field
- Consider the needs of beneficiary
- Adopted in consultation with contracted health care providers
- Are reviewed and updated periodically as appropriate

6.0 GRIEVANCE, APPEAL, AND FAIR HEARING

The following deficiency in grievance, appeal, and fair hearing regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCY:

CD 6.37:

Intergovernmental Agreement Exhibit A, Attachment I, II. E. 7.

7. Grievance and Appeal Systems (42 CFR §438.228).

- i. The Contractor shall have in effect a grievance and appeal system that meets the requirements outlined in Article II.G of this Agreement.
- ii. The Contractor shall be responsible for issuing any Notice of Adverse Benefit Determination under 42 CFR Part 431, subpart E. The Department shall conduct random reviews of the Contractor and its providers and subcontractors to ensure that they are notifying beneficiaries in a timely manner.

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

- Beneficiary may file grievance at any time;
- Beneficiary's State Fair Hearing filed w/in 120 days from date of NAR; and
- Informing the beneficiary within 2 business days when a denial, delay, or modification decisions has been made.

7.0 QUALITY

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

COMPLIANCE DEFICIENCIES:

CD 7.49:

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 10-11, i-iv.

10. The Contractor shall maintain a minimum of two active Performance Improvement Projects (PIPs) that meet the criteria in 42 CFR 438.240(b)(1) and (d). Performance improvement projects shall focus on a clinical area, as well as one non-clinical area.
11. PIPs shall:
 - i. Measure performance using required quality indicators.
 - ii. Implement system interventions to achieve improvement in quality.
 - iii. Evaluate the effectiveness of interventions.
 - iv. Plan and initiate activities for increasing or sustaining improvement.

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 13.

13. Each PIP shall be completed in a reasonable time period so as to generally allow information on the success of PIPs in the aggregate to produce new information on quality of care annually.

Finding: The Plan has not developed and implemented two active Performance Improvement Projects (PIP) that include the following requirements:

- Focus on a clinical area;
- Focus on a non-clinical area;
- Measure performance using required quality indicators;
- Implement system interventions to achieve improvement in quality;
- Evaluate the effectiveness of interventions; and
- Plan and initiate activities for increasing or sustaining improvement.

CD 7.50:

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 3, i, a-d.

- 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 Plan's CalOMS Tx report(s) are non-compliant for the following:

- Open Admissions Report
- Open Providers Report

8.0 PROGRAM INTEGRITY

The following program integrity deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 8.59:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 4, i, c.

- i. The substance use disorder medical director's responsibilities shall at a minimum include all of the following:
 - c. Develop and implement medical policies and standards for the provider.

Finding: The Plan did not provide evidence that they ensure all SUD program medical directors develop medical policies and standards.