



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

June 20, 2019

Sent via e-mail to: agleghorn@co.santa-barbara.ca.us

Alice Gleghorn, Director
Santa Barbara County Department of Behavioral Wellness
300 North San Antonio, Building 3
Santa Barbara, CA 93110

SUBJECT: Annual County Performance Unit Report

Dear Director Gleghorn:

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

Santa Barbara County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 7/22/2019. 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,

Michael Bivians

Michael Bivians
(916) 713-8966
michael.bivians@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 Gleghorn

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
John Doyel, Division Chief, Alcohol and Drug Program, Santa Barbara County Department of Behavioral Wellness

Lead CPU Analyst: Michael Bivians	Date of Review: 5/21/2019 - 5/22/2019
Assisting CPU Analyst(s): Michael Ulibarri	
County: Santa Barbara	County Address: 300 North San Antonio, Bldg. 3 Santa Barbara, CA 93110
County Contact Name/Title: John Doyel / Division Chief Alcohol and Drug Program, Santa Barbara County Department of Behavioral Wellness	County Phone Number/Email: (805) 448-3903 jdoyel@co.santa-barbara.ca.us
Report Prepared by: Mike Bivians	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 300 North San Antonio Rd Bldg. #3 Santa Barbara, CA 93110 on 5/21/2019. The following individuals were present:

- Representing DHCS:
Michael Bivians, Associate Governmental Program Analyst (AGPA)
Michael Ulibarri, AGPA
- Representing Santa Barbara County:
Jamie Huthsing, Quality Control Management Manager
Anoushka Moseley, Quality Care Management Coordinator
Joshua Woody, Quality Care Management Coordinator
Lindsey Milner, Quality Care Management Coordinator
Melissa Wilkins, Health Care Program Coordinator
John Doyel, Division Chief, Alcohol and Drug Program
Marshall Ramsey, Division Chief, Information Technology
Shereen Khatapoush, Research and Evaluation
Celeste Andersen, Chief of Behavioral Wellness Compliance
Chris Ribeiro, Chief Financial Officer
Suzanne Grimmesey, Chief Quality Care and Strategy Officer

During the Entrance Conference the following topics were discussed:

- Introductions of both the DHCS and Santa Barbara County Behavioral Wellness representatives present at the meeting.
- An overview of how the review would be conducted was provided by DHCS.
- Preliminary questions and concerns.

Exit Conference:

An exit conference was conducted at 300 North San Antonio Rd. Bldg. #3, Santa Barbara, CA 93110 on 5/22/2019. The following individuals were present:

- Representing DHCS:
Michael Bivians, AGPA
Michael Ulibarri, AGPA

- Representing Santa Barbara County:
Jamie Huthsing, Quality Control Management Manager
Joshua Woody, Quality Care Management Coordinator
Lindsey Milner, Quality Care Management Coordinator
Melissa Wilkins, Health Care Program Coordinator
John Doyel, Division Chief, Alcohol and Drug Program
Celeste Andersen, Chief of Behavioral Wellness Compliance

During the Exit Conference the following topics were discussed:

- A review of the County's tentative deficiencies presented by DHCS.
- Follow-up on a list of items needing further research by DHCS
- Discussion about the DMC-ODS waiver program

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	1
2.0 SABG Monitoring	4
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	0
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; and
- d) Who will be responsible for correction and ongoing compliance.

The CPU analyst will monitor progress of the CAP completion.

1.0 ADMINISTRATION

A review of the County's Organizational Chart, subcontracted contracts, and policies and procedures was conducted to ensure compliance with applicable regulations and standards. The following deficiency in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCY:

CD 1.6:

SABG State-County Contract, Exhibit A, Attachment I AI, Part III, F
Contractor shall document the total number of referrals necessitated by religious objection to other alternative SUD providers. The Contractor shall annually submit this information to DHCS' Program Support and Grants Management Branch by e-mail at CharitableChoice@dhcs.ca.gov by October 1...

Finding: The County did not submit documentation of the total number of referrals necessitated by religious objection to DHCS Program Support and Grants Management Branch by October 1, 2018.

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 providers for SABG fiscal requirements. The County did monitor 19 of 19 County and sub-contracted providers for all SABG programmatic requirements.

CD 2.10:

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 provide evidence they ensure compliance with the following:
Minimum Quality Drug Treatment Standards 2F(b)

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 submitted 5 SABG monitoring reports to DHCS more than two weeks after report issuance. The County indicated they completed and submitted to SUDCountyReports@dhcs.ca.gov a total of 19 SABG monitoring reports for SFY 17-18. The County did submit 14 SABG monitoring reports within two weeks of report issuance.

CD 2.16:

- 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 the remaining 3 SABG monitoring reports encrypted and secure when they submitted the reports electronically. The County indicated they submitted electronically a total of 19 completed SABG monitoring reports for FY 17-18. The County did submit electronically 16 SABG monitoring reports encrypted and secure.

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

The following notation in quality regulations, standards, or protocol requirements is being made for the purpose of keeping a public record between the State and County:

OBSERVATION:

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.

At the time of the review, the county had two open admissions in the CalOMS system. The county was able to provide substantial evidence in the form of written communication with DHCS that the error lay in the system itself and that DHCS was actively working to remedy the problem. As the county is unable to clear the open admissions until DHCS can resolve the issue, the state finds no valid reason to find the county out of compliance.

9.0 TECHNICAL ASSISTANCE

DHCS's County Performance Analyst will make referrals for the training and/or technical assistance identified below.

The County has not made a special request for Technical Assistance this FY.



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Alice Gleghorn, Director
Santa Barbara County Department of Behavioral Wellness
300 North San Antonio Building 3
Santa Barbara, CA 93110

SUBJECT: Annual County Performance Unit Report

Dear Director Gleghorn:

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

Santa Barbara County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 7/22/2019. 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,

Michael Bivians

Michael Bivians
(916) 713-8966
michael.bivians@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 Gleghorn

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
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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
John Doyel, Division Chief, Alcohol and Drug Program, Santa Barbara County Department of Behavioral Wellness

Lead CPU Analyst: Michael Bivians	Date of Review: 5/21/2019 - 5/22/2019
Assisting CPU Analyst(s): Michael Ulibarri	Date of DMC-ODS Implementation: 12/31/2018
County: Santa Barbara	County Address: 300 North San Antonio, Bldg. 3 Santa Barbara, CA 93110
County Contact Name/Title: John Doyel / Division Chief Alcohol and Drug Program, Santa Barbara County Department of Behavioral Wellness	County Phone Number/Email: (805) 448-3903 jdoyel@co.santa-barbara.ca.us
Report Prepared by: Michael Ulibarri	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 300 North San Antonio Building 3, Santa Barbara, CA 93110 on 5/21/2019. The following individuals were present:

- Representing DHCS:
Michael Bivians, Associate Governmental Program Analyst (AGPA)
Michael Ulibarri, AGPA
- Representing Santa Barbara County:
Jamie Huthsing, Quality Control Management Manager
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Marshall Ramsey, Division Chief, Information Technology
Shereen Khatapoush, Research and Evaluation
Celeste Andersen, Chief of Behavioral Wellness Compliance
Chris Ribeiro, Chief Financial Officer
Suzanne Grimmesey, Chief Quality Care and Strategy Officer

During the Entrance Conference, the following topics were discussed:

- Introductions of both the DHCS and Santa Barbara County Behavioral Wellness representatives present at the meeting.
- An overview of how the review would be conducted was provided by DHCS.
- Preliminary questions and concerns were fielded.

Exit Conference:

An exit conference was conducted at 300 North San Antonio Building 3, Santa Barbara, CA 93110 on 5/22/2019. The following individuals were present:

- Representing DHCS:
Michael Bivians, AGPA
Michael Ulibarri, AGPA
- Representing Santa Barbara County:
Jamie Huthsing, Quality Control Management Manager
Joshua Woody, Quality Care Management Coordinator
Lindsey Milner, Quality Care Management Coordinator
Melissa Wilkins, Health Care Program Coordinator
John Doyel, Division Chief, Alcohol and Drug Program
Celeste Andersen, Chief of Behavioral Wellness Compliance

During the Exit Conference, the following topics were discussed:

- A review of the county's tentative deficiencies was presented by DHCS.

- Follow-up on a list of items needing further research by DHCS
- Discussion about the DMC-ODS waiver program

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

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

2.0 MEMBER SERVICES

The following deficiency in the member services requirements were identified:

COMPLIANCE DEFICIENCIES:

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,

waivered, 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: As per MHSUD Information Notice: 18-020, the county has elected to delegate the requirement to list rendering providers employed by subcontracted provider organizations to the providers. Upon review, DHCS determined that the subcontracted providers have not updated their employee/rendering provider list or provided links from the provider's organization website to the contractor's website.

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 notation in quality regulations, standards, or protocol requirements is being made for the purpose of keeping a public record between the State and County:

Observation

(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.

Note: At the time of the review, the county had two open admissions in the CalOMS system. The county was able to provide substantial evidence in the form of written communication with DHCS that the error lay in the system itself and that DHCS was actively working to remedy the problem. As the county is unable to clear the open admissions until DHCS can fix the issue, the state finds no valid reason to find the county out of compliance.

8.0 PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCY:

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 did not meet the following requirement(s):

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

- 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
- Ensure that provider's physicians are adequately trained to perform other physician duties