



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

July 31, 2019

Sent via e-mail to: csmith@trinitycounty-ca.gov

Connie Cessna Smith, AOD Administrator
Trinity County Behavioral Health Services
1450 Main Street
Weaverville, CA 96093

SUBJECT: Annual County Performance Unit Report

Dear Administrator Smith:

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

Trinity 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 black ink that reads 'Cassondra Queen'.

Cassondra Queen
(916) 713-8568
cassondra.queen@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 Smith

CC: Tracie Walker, Performance & Integrity Branch Chief
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Susan Jones, County Performance Supervisor
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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

Lead CPU Analyst: Cassandra Queen	Date of Review: June 2019
Assisting CPU Analyst(s): N/A	
County: Trinity	County Address: 1450 Main Street, Weaverville, CA 96093
County Contact Name/Title: Connie Cessna Smith, Administrator	County Phone Number/Email: (530) 623-1362 csmith@trinitycounty-ca.gov
Report Prepared by: Cassandra Queen	Report Approved by: Susan Jones

REVIEW SCOPE

- I. Regulations:
 - a. 22 CCR § 51341.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
 - c. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block
 - d. HSC, Division 10.5, Section 11750 – 11970: State Department of Health Care

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

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	3
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	1
8.0 Privacy and Information Security	3
9.0 Drug Medi-Cal (DMC)	15

PREVIOUS CAPs

During the SFY 2018-19 review, the following CAP(s) with CD(s) were discussed and are still outstanding.

Trinity County has 21 deficiencies outstanding for fiscal years 15/16, 16/17, and 17/18, and 26 new deficiencies cited in this report for a total of 47. Most of the deficiencies are related to monitoring county managed and/or sub-contracted providers. Trinity County has been continually cited year after year in the same compliance areas. In conversations with county representatives contacted to determine why the deficiencies are never remediated, DHCS was notified that most, if not all staff, including leadership responsible for SUD compliance are no longer employed by the agency and left little information on the status of the SUD program. The new leadership is working to remediate all deficiencies by September 2019.

2015-16:

CD # 2 SAPT BG Monitoring:

Finding: The County did not conduct annual onsite SAPT BG monitoring.

Original expected date of remediation: May 25, 2018

Updated/revised date of remediation: September 30, 2019

CD # 3 SAPT BG – Submitting SAPT BG Monitoring Reports:

Finding: The County did not demonstrate that programmatic and fiscal monitoring reports were submitted to DHCS PMB within two weeks of report issuance.

Original expected date of remediation: June 8, 2018

Updated/revised date of remediation: September 30, 2019

CD # 4 Drug Medi-Cal (DMC) - Provider Monitoring:

Finding: The County did not demonstrate complete monitoring of all Title 22, Section 51341.1 requirements for DMC providers.

Original expected date of remediation: June 1, 2018

Updated/revised date of completion: September 30, 2019

CD # 5 DMC - Submitting DMC County Monitoring Reports:

Finding: The County is not submitting DMC monitoring reports to DHCS Performance Management Branch annually.

Original expected date of remediation: June 8, 2018

Updated/revised date of remediation: September 30, 2019

FY 2016/17

CD # 2.15:

Finding: The County has not developed a programmatic and fiscal monitoring tool specific to county-run SAPT BG programs and services.

Original expected date of remediation: May 18, 2018

Updated/revised date of remediation: September 30, 2019

CD # 2.20:

Finding: The County did not conduct required annual fiscal reviews of county-managed programs.

Original expected date of remediation: June 8, 2018

Updated/revised date of remediation: September 30, 2019

CD # 2.21:

Finding: The County did not submit all required SAPT BG monitoring and auditing reports for SFY 15-16 to DHCS within two weeks of report issuance.

Original expected date of remediation: June 8, 2018

Updated/revised date of remediation: September 30, 2019

CD # 3.25:

Finding: The County did not conduct annual onsite utilization reviews of each DMC-funded program in the County.

Original expected date of remediation: June 1, 2018

Updated/revised date of remediation: September 30, 2019

CD # 3.25.a:

Finding: The County does not include all DMC program requirements within their monitoring tools. The following criteria is missing:

- All California Code of Regulations (CCR) Title 22, Section 51341.1 Drug Medi-Cal Substance Use Disorder services requirements.

Original expected date of remediation: May 18, 2018

Updated/revised date of remediation: September 30, 2019

CD # 3.27:

Finding: The County did not provide a copy of policies and procedures in place for monitoring and evaluating system of care, including a system for addressing problems that develop regarding waiting times and appointments.

Original expected date of remediation: June 1, 2018

Updated/revised date of remediation: September 30, 2019

CD # 11.76.a:

Finding: The County does not have written policies and procedures specific to privacy and security of Department Personal Information (PI).

Original expected date of remediation: June 1, 2018

Updated/revised date of remediation: September 30, 2019

FY 2017/18

NR # 1.14:

Finding: According to the 2017-2020 State County Contract, programs are required to abide by the Minimum Quality Drug Treatment Standards, a component of the contract. Due to a delay in contract finalization, findings related to the standards will not be identified as a deficiency; however, a plan to fulfill the new requirements must be submitted.

Original expected date of remediation: June 1, 2018

Updated/revised date of remediation: September 30, 2019

CD # 2.18:

Finding: The County did not have all the SABG program requirements within their monitoring tool. The following criteria are missing:

- Primary Prevention

Original expected date of remediation: May 17, 2018

Updated/revised date of remediation: September 30, 2019

CD # 2.20:

Finding: The County did not monitor all County providers for required SABG program requirements.

Original expected date of remediation: May 25, 2018

Updated/revised date of remediation: September 30, 2019

CD # 3.29:

Finding: The County does not have a waitlist procedure for when a perinatal program is at capacity.

Original expected date of remediation: June 1, 2018

Updated/revised date of remediation: September 30, 2019

CD # 9.65:

Finding: The County did not meet the annual onsite review requirement for all DMC providers.

Original expected date of remediation: May 25, 2018

Updated/revised date of remediation: September 30, 2019

CD # 9.66:

Finding: The County did not submit DMC monitoring reports to DHCS within two weeks of completion.

Original expected date of remediation: June 8, 2018

Updated/revised date of remediation: September 30, 2019

CD # 9.78:

Finding: The County does not meet the following requirement(s):

- Conduct monthly status checks on DMC providers for triggering recertification events.
- Notifying DHCS within two business days of notification or discovery of a recertification event.

- Complete the Existing Provider Info Form ADA and submit to the MPF team at: dhcsmpf@dhcs.ca.gov.

Original expected date of remediation: June 1, 2018

Updated/revised date of remediation: September 30, 2019

CD # 9.82:

Finding: The County does not have a process for approving a PSPP CAP.

County plan to remediate: The County will create a process including policies and procedures for approving a PSPP CAP.

Original expected date of remediation: June 1, 2018

Updated/revised date of remediation: September 30, 2019

CD # 9.83:

Finding: The County did not demonstrate compliance with the following PSPP CAP process requirements:

- Address each demand for recovery of payment and/or programmatic deficiency;
- Provide a specific description of how the deficiency shall be corrected;
- Specify the date of implementation of the corrective action; and
- Identify who will be responsible for correction and who will be responsible for ongoing compliance.

Original expected date of remediation: June 1, 2018

Updated/revised date of remediation: September 30, 2019

CD # 9.84:

Finding: The County did not demonstrate compliance with the following medical necessity criteria requirements:

- Medical necessity must be documented in beneficiary record.
- Physician shall determine whether SUD services are medically necessary based on Title 22, Section 51303.
- Initially – Required within 30 days of admission Continually – Within 15 days of signature by the therapist or counselor on updated treatment plan(s).
- No sooner than 5 months and no later than 6 months from admission or the date of completion of the most recent continuing services justification.

Original expected date of remediation: June 1, 2018

Updated/revised date of remediation: September 30, 2019

CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 3, 7, (a-d) each CD identified must be addressed via a CAP. The CAP is due within 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 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.

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 deficiencies in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 1.4:

SABG State-County Contract, Exhibit A, Attachment I AI, Part I, Section 3, C
Sub-recipient Pre-Award Risk Assessment: Contractor shall comply with the sub-recipient pre-award risk assessment requirements contained in 2 CFR Part 200 Uniform Administration Requirements, Cost Principles and Audit Requirements for Federal Awards. Contractor, grant second-tier sub-recipient (subcontractors) annually prior to making an award. Contractor subcontractor and retain documentation for audit purposes.

Finding: The County did not conduct pre-award risk assessments in SFY 2018-19.

CD 1.5:

SABG State-County Contract Exhibit A, Attachment I AI, Part II, B
Hatch Act: Contractor agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

SABG State-County Contract Exhibit A, Attachment I AI, Part II, Y
Subcontract Provisions: Contractor shall include all of the foregoing Part II general provisions in all of its subcontracts.

Finding: The County did not demonstrate County and subcontractor staff compliance with the Hatch Act.

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 one of one County providers for all SABG program and fiscal 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 have all SABG program requirements within their monitoring tool. The following criteria was missing:

- Primary Prevention

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 one of one SABG monitoring reports for SFY 17-18 to DHCS within two weeks of report issuance.

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

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

COMPLIANCE DEFICIENCIES:

CD 7.34.b:

SABG State-County Contract, Exhibit A, Attachment I A1, Part III, B, 3, 5, 6

- (3) Electronic submission of CalOMS-Tx data shall be submitted by Contractor within 45 days from the end of the last day of the report month.*
- (5) Contractor shall submit CalOMS-Tx admissions, discharge, annual update, resubmissions of records containing errors or in need of correction, and “provider No activity” report records in an electronic format approved by DHCS.*
- (6) Contractor shall comply with the CalOMsTx Data Compliance Standards established by DHCS identified in Document 3S for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.*

SABG State-County Contract, Exhibit A, Attachment I A1, Part III, D, 6

Contractor shall comply with the treatment and prevention data quality standards established by DHCS. Failure to meet these standards on an ongoing basis may result in withholding SABG funds.

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

8.0 PRIVACY AND INFORMATION SECURITY

The following deficiencies in Privacy and Information Security regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 8.37:

45 CFR Section 164.526

SABG State-County Contract, Exhibit F, F-1, 3, D, 10

Amendment of Department PHI. To make any amendment(s) to Department PHI that were requested by a patient and that the Department directs or agrees should be made to assure compliance with 45 CFR Section 164.526, in the time and manner designated by the Department, with the Contractor being given a minimum of twenty days within which to make the amendment.

Finding: The County does not have a documented process in place for addressing beneficiary PHI amendment requests in compliance with 45 CFR Section 164.526.

CD 8.40:

SABG State-County Contract, Exhibit F, F-1, 3, D, 2

... Contractor shall implement reasonable and appropriate policies and procedures to comply with the standards, implementation specifications and other requirements of 45 CFR Section 164, subpart C, in compliance with 45 CFR Section 164.316. Contractor shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the Contractor's operations and the nature and scope of its activities, and which incorporates the requirements of section 3, Security, below. Contractor will provide the Department with its current and updated policies upon request.

Finding: The County did not provide evidence of policies, procedures, and practices that govern the usage of Electronic Health Records (EHRs).

CD 8.41:

ADP Bulletin 10-01

- 2. Counties maintain an Electronic Signature Agreement (Exhibit 1) for the terms of use of an electronic signature signed by both the individual requesting electronic signature authorization and the County Alcohol and Drug Program Administrator or his/her designee.*
- 3. County Alcohol and Drug Program Administrators complete a County Alcohol and Drug Program Administrator's Electronic Signature Certification form (Exhibit 2), certifying that electronic systems used by the county's alcohol and drug operations, including contract provider systems, meet the standards..*

Finding: The County does not maintain a signed Electronic Signature Agreement for each electronic signature used and a County Alcohol and Drug Program Administrator's Electronic Signature Certification form.

9.0 DRUG MEDI-CAL

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

COMPLIANCE DEFICIENCIES:

CD 9.42:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part II, C

Contractor agrees that information produced through these funds, and which pertains to drugs and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Contract, Contractor agrees that it will enforce, and will require its subcontractors to enforce, these requirements.

Exhibit A, Attachment I A1, Part II, P

Subcontract Provisions

Contractor shall include the foregoing Part II general provisions in all of its subcontracts.

Finding: The County did not provide evidence of a clearly written statement notifying sub-contracted DMC providers of the No Unlawful Use or Unlawful Use of Messages Regarding Drugs.

CD 9.43:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, 5 a

Contractor shall include instructions on record retention in any subcontract with providers and mandate all providers to keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to W&I Code, Section 14124.1 and 42 CFR Section 433.32, and 22 CCR Section 51341.1.

W&I Code, Section 14124.1

... Records required to be kept and maintained under this section shall be retained by the provider for a period of 10 years from the final date of the contract period between the plan and the provider, from the date of completion of any audit, or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

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

CD 9.44:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 2, A, 1, a-e

Contractor shall establish assessment and referral procedures and shall arrange, provide, or subcontract for covered services in the Contractor's service area. Covered services include:

a) Outpatient drug-free treatment

- b) *Narcotic replacement therapy*
- c) *Naltrexone treatment*
- d) *Intensive Outpatient Treatment*
- e) *Perinatal Residential Substance Abuse Services (excluding room and board)*

MHSUDS Information Notice No: 18-009

Finding: The County did not provide the following covered services:

- Outpatient drug-free treatment
- Narcotic replacement therapy
- Naltrexone treatment
- Intensive outpatient treatment
- Perinatal residential substance abuse services (excluding room and board)

CD 9.45:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 2, A, 1, a-e
Contractor shall establish assessment and referral procedures and shall arrange, provide, or subcontract for covered services in the Contractor's service area. Covered services include:

- a) *Outpatient drug-free treatment*
- b) *Narcotic replacement therapy*
- c) *Naltrexone treatment*
- d) *Intensive Outpatient Treatment*
- e) *Perinatal Residential Substance Abuse Services (excluding room and board)*

Finding: The County does not have assessment and referral procedures nor does it arrange for the following required DMC covered services:

- Outpatient drug-free treatment
- Narcotic replacement therapy
- Naltrexone treatment
- Intensive outpatient treatment
- Perinatal residential substance abuse services (excluding room and board)

CD 9.46:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 1, B

It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

§ 51341.1 (d) (5) (A-D)

Naltrexone treatment services shall only be provided to a beneficiary who meets all of the following conditions:

- (A) *Has a confirmed, documented history of opiate addiction.*
- (B) *Is at least (18) years of age.*
- (C) *Is opiate free.*
- (D) *Is not pregnant.*

Finding: The County does not demonstrate compliance with the following requirements for Naltrexone treatment:

- Has a confirmed, documented history of opiate addiction
- Is at least (18) years of age
- Is opiate free
- Is not pregnant

CD 9.48:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 3, A, 4, c
Contractor shall require all the subcontracted providers of services to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines:
Minimum Quality Treatment Standards, Document 2F(a)

Finding: The County did not demonstrate compliance with the Minimum Quality Drug Treatment Standards for DMC.

CD 9.49:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 3, A, 4, c
Contractor shall require all the subcontracted providers of services to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines:
Minimum Quality Treatment Standards, Document 2F(a)

Finding: The County did not provide evidence that all the DMC providers are required to comply with the Minimum Quality Drug Treatment Standards for DMC.

CD 9.50:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 1, b
Contractor shall conduct, at least annually, an audit of DMC providers to assure covered services are being appropriately rendered. The annual audit must include an on-site visit of the service provider.
Reports of the annual review shall be provided to DHCS's Performance Management Branch at:

*Substance Use Disorders Program, Policy and Fiscal Division,
Performance and Integrity Branch
Department of Health Care Services
PO Box 997413, MS-2621
Sacramento, CA 95899-7413:*

Or by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov

Review reports shall be provided to DHCS within 2 weeks of completion by the Contractor.

Finding: The County did not monitor one of one County provider for required DMC program requirements.

CD 9.51:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 1, b
Contractor shall conduct, at least annually, an audit of DMC providers to assure covered services are being appropriately rendered. The annual audit must include an on-site visit of the service provider.

Reports of the annual review shall be provided to DHCS's Performance Management Branch at:

*Substance Use Disorders Program, Policy and Fiscal Division,
Performance and Integrity Branch
Department of Health Care Services
PO Box 997413, MS-2621
Sacramento, CA 95899-7413:*

Or by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov

Review reports shall be provided to DHCS within 2 weeks of completion by the Contractor.

Finding: The County did not submit one of one required DMC monitoring and auditing reports for FY 17-18 to DHCS secured and encrypted and the County did not submit one of one reports within two weeks of report issuance.

CD 9.54:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, A, 3, a
Training

a) Contractor shall ensure subcontractors receive training on the requirements of Title 22 regulations and DMC program requirements at least annually from either DHCS's SUD Program, Policy and Fiscal Division (SUD PPF) or the Contractor. Documented attendance of annual trainings offered by DHCS shall suffice to meet the requirements of this provision. Contractor shall report compliance to DHCS' e-mail address SUDCOUNTYREPORTS@dhcs.ca.gov annually as part of the DHCS Contractor monitoring process.

Finding: The County did not provide evidence of providing Title 22 training annually to County and provider staff.

CD 9.56:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, A, 3, a
Training

b) Contractor shall ensure subcontractors receive training on the requirements of Title 22 regulations and DMC program requirements at least annually from either DHCS's SUD Program, Policy and Fiscal Division (SUD PPF) or the Contractor. Documented attendance of annual trainings offered by DHCS shall suffice to meet the requirements of this provision. Contractor shall report compliance to DHCS' e-mail address

SUDCOUNTYREPORTS@dhcs.ca.gov annually as part of the DHCS Contractor monitoring process.

Finding: The County did not report annual Title 22 training compliance to sudcountyreports@dhcs.ca.gov.

CD 9.58:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 1, e
Contractor shall certify the DMC claims submitted to DHCS represent expenditures eligible for FFP and attest that the submitted claims have been subject to review and verification process for accuracy and legitimacy (42 CFR 430.30, 433.32, and 433.51). Contractor shall not knowingly submit claims for services rendered to any beneficiary after the beneficiary's date of death, or from uncertified or decertified providers.

Finding: The County did not review and verify that claims submitted were accurate and legitimate.

CD 9.61:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 2, B, 2
Covered services, whether provided directly by the Contractor or through subcontractors with DMC certified and enrolled programs, shall be provided to beneficiaries without regard to the beneficiaries' county of residence.

Finding: The County does not provide services to beneficiaries who reside out of county.

CD 9.63:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 1, d
Contractor must monitor and attest compliance and/or completion by providers with CAP requirements (detailed in Section 4, Paragraph (A)(2)(c)) of this Exhibit as required by any PSPP review. Contractor shall attest to DHCS, using the form developed by DHCS that the requirements in the CAP have been completed by the Contractor and/or the provider. Submission of DHCS Form 8049, as identified in this section, by Contractor must be accomplished within the timeline specified in the approved CAP, as noted by DHCS.

Finding: The County did not submit Form 8049 for a Postservice Postpayment (PSPP) CAP dated 9/6/2019, to sudcountyreports@dhcs.ca.gov.

CD 9.65:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 1, B
It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

§ 51341.1 (b) (28) (i) (f) (ii)

...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...*

Finding: The County did not provide evidence that they ensure all DMC programs have medical policies and standards developed and approved by the program medical director.

10.0 TECHNICAL ASSISTANCE

Technical assistance will be provided by DHCS as needed to assist the County in remediating all deficiencies.