



JENNIFER KENT  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

February 20, 2019

Sent via e-mail to: [healdab@co.monterey.ca.us](mailto:healdab@co.monterey.ca.us)

Andrew Heald, AOD Administrator  
Monterey County Behavioral Health  
1270 Natividad Rd., Ste. 107-108  
Salinas, CA 9390 6

SUBJECT: Annual County Performance Unit Report

Dear Administrator Heald:

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

Monterey County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 3/22/2019. 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,

Cassandra Queen  
(916) 713-8568  
[cassandra.queen@dhcs.ca.gov](mailto:cassandra.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 Heald

CC: Tracie Walker, Performance & Integrity Branch, Chief  
Sandi Snelgrove, Policy and Prevention, Chief  
Janet Rudnick, Utilization Review, Section Chief  
Cynthia Hudgins, Quality Monitoring, Section Chief  
Susan Jones, County Performance, Supervisor  
Tianna Hammock, Drug Medi-Cal Monitoring Unit I, Supervisor  
Stephanie Quok, Drug Medi-Cal Monitoring Unit II, Supervisor  
Tiffany Stover, Postservice Postpayment Unit I, Supervisor  
Eric Painter, Postservice Postpayment Unit II, Supervisor  
Vanessa Machado, Policy and Prevention Branch, Office Technician

<b>Lead CPU Analyst:</b> Cassondra Queen	<b>Date of Review:</b> 1/9/2019 - 1/9/2019
<b>Assisting CPU Analyst(s):</b> N/A	
<b>County:</b> Monterey	<b>County Address:</b> 1270 Natividad Road, Suite 107-108 Salinas, CA 93906
<b>County Contact Name/Title:</b> Andy Heald, SUD Administrator	<b>County Phone Number/Email:</b> (831) 755-6383 healdab@co.monterey.ca.us
<b>Report Prepared by:</b> Cassondra Queen	<b>Report Approved by:</b> Susan Jones

## REVIEW SCOPE

- I. Regulations:
  - a. 22 CCR § 51341.1 – Drug Medi-Cal Substance Use Disorder Services
  - b. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
  - c. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block
  - d. HSC, Division 10.5, Section 11750 – 11970: State Department of Health Care
  
- II. Program Requirements:
  - a. State Fiscal Year (SFY) 2018-19 State County Contract, herein referred to as State County Contract
  - b. State of California *Youth Treatment Guidelines Revised August 2002*
  - c. DHCS *Perinatal Services Network Guidelines SFY 2016-17*
  - d. National Culturally and Linguistically Appropriate Services (CLAS)
  - e. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### Entrance Conference:

An entrance conference was conducted at 1270 Natividad Road, Suite 107-108, Salinas, CA 93906 on 1/9/2019. The following individuals were present:

- Representing DHCS:  
Cassandra Queen, AGPA  
Austin Trujillo, AGPA
- Representing Monterey County:  
Andy Heald, SUD Administrator  
Cathy Gutierrez, Deputy Director  
Lucero Robles, QI Manager  
Marian Hernandez, Finance Manager  
Ruben Gabriel, Unite Supervisor  
Lindsey O'Leary, Sr. SUD PSW  
Rose Moreno, Management Analyst III

During the Entrance Conference the following topics were discussed:

- DHCS gave an overview of the monitoring purpose and process
- Reviewed the site review agenda
- Discussed prior year CAP

### Exit Conference:

An exit conference was conducted at 1270 Natividad Road, Suite 107-108, Salinas, CA 93906 on 1/9/2019. The following individuals were present:

- Representing DHCS:  
Cassandra Queen, AGPA  
Austin Trujillo, AGPA
- Representing Monterey County:  
Andy Heald, SUD Administrator  
Cathy Gutierrez, Deputy Director  
Lucero Robles, QI Manager  
Marian Hernandez, Finance Manager  
Ruben Gabriel, Unite Supervisor  
Lindsey O'Leary, Sr. SUD PSW  
Rose Moreno, Management Analyst III

During the Exit Conference the following topics were discussed:

- DHCS reviewed compliance deficiencies
- Discussed recommendations

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

<b>Section:</b>	<b>Number of CD's:</b>
<b>1.0 Administration</b>	<b>2</b>
<b>2.0 SABG Monitoring</b>	<b>2</b>
<b>3.0 Perinatal</b>	<b>0</b>
<b>4.0 Adolescent/Youth Treatment</b>	<b>0</b>
<b>5.0 Primary Prevention</b>	<b>0</b>
<b>6.0 Cultural Competence</b>	<b>3</b>
<b>7.0 CalOMS and DATAR</b>	<b>0</b>
<b>8.0 Privacy and Information Security</b>	<b>0</b>
<b>9.0 Drug Medi-Cal (DMC)</b>	<b>0</b>

## PREVIOUS CAPs

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

### 2014-15:

**CD # 2:** The County and its providers' annual updates or client discharges for beneficiaries in treatment over one year were not submitted.

**County's response:** The Electronic Health Record vendor (Netsmart) corrected the FSNs in the electronic health record so they now reflect the FSNs in BHIS. With these mismatches corrected, the County will resume submissions and any outstanding/past due CalOMS should now be reflected as current/submitted in BHIS database.

### 2015-16:

**CD # 21:** The County and its providers' annual updates or client discharges for beneficiaries in treatment over one year were not submitted.

**County's response:** The Electronic Health Record vendor (Netsmart) corrected the FSNs in the electronic health record so they now reflect the FSNs in BHIS. With these mismatches corrected, the County will resume submissions and any outstanding/past due CalOMS should now be reflected as current/submitted in BHIS database.

### 2016-17:

**CD # 10.57.d:** The County and its providers' annual updates or client discharges for beneficiaries in treatment over one year were not submitted.

**County's response:** The Electronic Health Record vendor (Netsmart) corrected the FSNs in the electronic health record so they now reflect the FSNs in BHIS. With these mismatches corrected, the County will resume submissions and any outstanding/past due CalOMS should now be reflected as current/submitted in BHIS database.

### 2017-18:

**CD # 1.9:** The County did not provide a copy of a pre-award risk assessment.

**County's response:** The County anticipates that the pre-award risk assessment tool will be completed by 1/31/19. Upon completion, the County will begin process of completing pre-award risk assessments for each provider

**CD # 7.41.a:** The County providers did not report any CalOMS Tx data, and did not generate a Provider No Activity (PNA) report.

**County's response:** The Electronic Health Record vendor (Netsmart) corrected the FSNs in the electronic health record so they now reflect the FSNs in BHIS. With these mismatches corrected, the County will resume submissions and any outstanding/past due CalOMS should now be reflected as current/submitted in BHIS database.

**CD # 7.41.b:** The County's and its providers' annual updates or client discharges for beneficiaries in treatment over one year were not submitted.

**County's response:** The Electronic Health Record vendor (Netsmart) corrected the FSNs in the electronic health record so they now reflect the FSNs in BHIS. With these mismatches corrected, the County will resume submissions and any outstanding/past due CalOMS should now be reflected as current/submitted in BHIS database.

**CD # 7.41.c:** The County's providers do not submit DATAR reports by the 10<sup>th</sup> of each month.

**County's response:** The QI department reported that Sun Street Center 272746 remains open. This service site has been closed for approximately 2 years; during this time period the County has requested technical assistance and contacted PED directly several times to resolve this issue. A copy of the DATAR County Non-Compliance Report (pdf) has been submitted with this update. County submitted an email to PED to determine a final corrective action plan so that this CD can be cleared.



## 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.

## 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 1.6:**

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](mailto:CharitableChoice@dhcs.ca.gov) by October 1...*

**Finding:** The County did not submit 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 (11 of 11) County providers for all SABG 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 eleven of their eleven SABG monitoring reports for SFY 17-18 (fiscal review) to DHCS within two weeks of report issuance.

## 7.0 CALIFORNIA OUTCOMES MEASUREMENT SYSTEM TREATMENT (CaIOMS 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.

**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.

**10.0 TECHNICAL ASSISTANCE**

The 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



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Sent via e-mail to: [healdab@co.monterey.ca.us](mailto:healdab@co.monterey.ca.us)

Andrew Heald, AOD Administrator  
Monterey County Behavioral Health  
1270 Natividad Rd., Ste. 107-108  
Salinas, CA 93906

SUBJECT: State Fiscal Year (SFY) 2018-19 – County Performance Unit Report

Dear Administrator Heald:

Enclosed are the results of Monterey County's 2018-19 Drug Medi-Cal Organized Delivery System (DMC-ODS) Contract compliance review. The Department of Health Care Services (DHCS) is responsible for monitoring requirements of the DMC-ODS Waiver and the terms of the Intergovernmental Agreement operated by Monterey County.

The County Performance Unit (CPU) within the Performance & Integrity Branch (PIB) of DHCS performed a comprehensive review based on responses to the monitoring instrument, discussion with county staff, supporting documentation and requirements. The enclosed report addresses and/or identifies compliance deficiencies, required corrective actions, advisory recommendations, and referral for technical assistance.

Monterey County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 3/22/2019. The CAP must follow the guidelines detailed within the attached report. Please reference the enclosed CAP instructions and e-mail the CAP to the CPU Analyst. Supporting CAP documentation may be e-mailed or mailed to the address listed below. If you have any questions regarding this report or need assistance, please contact the CPU analyst.

Sincerely,

Austin Trujillo  
(916) 713-8653  
[austin.trujillo@dhcs.ca.gov](mailto:austin.trujillo@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 Heald

CC: Don Braeger, Substance Use Disorders - Program, Policy and Fiscal Division, Chief  
Tracie Walker, Performance & Integrity Branch, Chief  
Sandi Snelgrove, Policy and Prevention Branch, Chief  
Cynthia Hudgins, Quality Monitoring Section, Chief  
Janet Rudnick, Utilization Review Section, Chief  
Susan Jones, County Performance Unit, Supervisor  
Tianna Hammock, Drug Medi-Cal Monitoring Unit I, Supervisor  
Stephanie Quok, Drug Medi-Cal Monitoring Unit II, Supervisor  
Tiffany Stover, Postservice Postpayment Unit I, Supervisor  
Eric Painter, Postservice Postpayment Unit II, Supervisor  
Vanessa Machado, Policy and Prevention Branch, Office Technician



<b>Lead CPU Analyst:</b> Austin Trujillo	<b>Date of Review:</b> 1/9/2019 - 1/10/2019
<b>Assisting CPU Analyst(s):</b> N/A	<b>Review Period:</b> 2018-19
<b>County:</b> Monterey	<b>County Address:</b> 1270 Natividad Road, Suite 107-108 Salinas, CA 93906
<b>County Contact Name/Title:</b> Andy Heald, SUD Administrator	<b>County Phone Number/Email:</b> (831) 755-6383 healdab@co.monterey.ca.us
<b>Report Prepared by:</b> Austin Trujillo	<b>Report Approved by:</b> Susan Jones

## Purpose of Review

The Department of Health Care Services (DHCS) is required to provide programmatic, administrative, and fiscal oversight of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) services through annual compliance reviews.

This report summarizes the findings of the compliance review conducted by the County Performance Unit (CPU).

**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 1270 Natividad Road, Ste 107-108, Salinas, CA 93906 on 1/9/2019. The following individuals were present:

- Representing DHCS:  
Austin Trujillo, AGPA  
Cassandra Queen, AGPA
- Representing Monterey County:  
Andy Heald, SUD Administrator  
Cathy Gutierrez, Deputy Director  
Lucero Robles, QI Manager  
Marian Hernandez, Finance Manager  
Ruben Gabriel, Unite Supervisor  
Lindsey O'Leary, Sr. SUD PSW  
Rose Moreno, Management Analyst III

During the Entrance Conference the following topics were discussed:

- Overview of the monitoring purpose and process
- Site review agenda

### Exit Conference:

An exit conference was conducted at 1270 Natividad Road, Ste 107-108, Salinas, CA 93906 on 1/10/2019. The following individuals were present:

- Representing DHCS:  
Cassandra Queen, AGPA  
Austin Trujillo, AGPA
- Representing Monterey County:  
Andy Heald, SUD Administrator  
Cathy Gutierrez, Deputy Director  
Lucero Robles, QI Manager  
Marian Hernandez, Finance Manager  
Ruben Gabriel, Unite Supervisor  
Lindsey O'Leary, Sr. SUD PSW  
Rose Moreno, Management Analyst III

During the Exit Conference the following topics were discussed:

- Identified compliance deficiencies
- Recommendations

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

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

**CORRECTIVE ACTION PLAN**

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

The CAP shall include:

A statement of the compliance deficiency (CD) and new requirements (NR).

A list of action steps to be taken to correct the CD.

A date of completion for each CD.

The individual responsible for correction and ongoing compliance

The CPU analyst will monitor progress of the CAP completion.

**NEW REQUIREMENTS (NR)**

Due to a delay in the DMC-ODS Intergovernmental Agreement finalization, findings related to the standards and requirements will not be identified as a compliance deficiency; however, a plan to fulfill the new requirements must be submitted.

## 2.0 MEMBER SERVICES

The following deficiencies in the Member Services requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 2.10:**

Intergovernmental Agreement Exhibit A, Attachment I, 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, xiv, a.

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

**Finding:** The beneficiary handbook was missing the follow required criteria:

- Correct Appeal Timelines
- Transition of Care

#### **CD 2.14**

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

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

**MHSUDS Information Notice: 18-020**

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

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

In addition to the information listed above, the provider directory must also include the following information for each rendering provider:

- Type of practitioner, as appropriate;
- National Provider Identifier number;
- California license number and type of license; and,
- An indication of whether the provider has completed cultural competence training.

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

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

**Finding:** The Plan does not update the provider directory monthly. The provider directory is missing the following required element(s):

- Type of practitioner, as appropriate
- National Provider Identifier number

- California license number and type of license
- An indication of whether the provider has completed cultural competence training
- The following required language: "Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan's provider directory."



## 4.0 ACCESS

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

### COMPLIANCE DEFICIENCIES:

#### **NR 4.25:**

Intergovernmental Agreement Exhibit A, Attachment I, III, JJ, 1.

#### JJ. Subcontract Termination

1. The Contractor shall notify the Department of the termination of any subcontract with a certified provider, and the basis for termination of the subcontract, within two (2) business days. The Contractor shall submit the notification by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov.

**Finding:** The Plan will be required to update its procedure to ensure the notification of subcontract termination is submitted to the above e-mail when subcontracts are terminated.

#### **CD 4.26:**

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 5. a. i – ii.

- i. 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.

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

Effective immediately, Plans must implement and maintain written policies and procedures for the initial credentialing and re-credentialing of their providers in accordance with the policy outlined in this IN.

#### Credentialing Policy

For all licensed, waived, registered and/or certified providers, the Plan must verify and document the following items through a primary source, 5 as applicable. The listed requirements are not applicable to all provider types. When applicable to the provider type, the information must be verified by the Plan unless the Plan can demonstrate the required information has been previously verified by the applicable licensing, certification and/or registration board.

1. The appropriate license and/or board certification or registration, as required for the particular provider type;
2. Evidence of graduation or completion of any required education, as required for the particular provider type;
3. Proof of completion of any relevant medical residency and/or specialty training, as required for the particular provider type; and
4. Satisfaction of any applicable continuing education requirements, as required for the particular provider type.

In addition, Plans must verify and document the following information from each network provider, as applicable, but need not verify this information through a primary source:

1. Work history;
2. Hospital and clinic privileges in good standing;
3. History of any suspension or curtailment of hospital and clinic privileges;
4. Current Drug Enforcement Administration identification number;
5. National Provider Identifier number;
6. Current malpractice insurance in an adequate amount, as required for the particular provider type;
7. History of liability claims against the provider;
8. Provider information, if any, entered in the National Practitioner Data Bank, when applicable. See <https://www.npdb.hrsa.gov/>;
9. History of sanctions from participating in Medicare and/or Medicaid/Medi-Cal: providers terminated from either Medicare or Medi-Cal, or on the Suspended and Ineligible Provider List, may not participate in the Plan's provider network. This list is available at: <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>; and
10. History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards.

**Finding:** The Plan's policy does not include verifying the following items through a primary source:

- Evidence of graduation or completion of any required education, as required for the particular provider type;
- Proof of completion of any relevant medical residency and/or specialty training, as required for the particular provider type; and
- Satisfaction of any applicable continuing education requirements, as required for the particular provider type

The Plan's policy and procedure does not address the requirement that re-credentialing occurs every three (3) years.

**CD 4.27:**

**MHSUDS Information Notice: 18-019**

**Attestation**

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

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

**Finding:** The Plan's attestation does not contain the following requirements:

- Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation
- A history of loss of license or felony conviction

- A history of loss or limitation of privileges or disciplinary activity
- A lack of present illegal drug use
- The application's accuracy and completeness

## 6.0 GRIEVANCE, APPEAL, AND FAIR HEARING

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

### COMPLIANCE DEFICIENCY:

#### **CD 6.38:**

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

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

#### **MHSUDS Information Notice 18-010E, Enclosures 1 - 16**

**Finding:** The following templates the Plan provided do not match the DHCS developed templates:

- Notice of Grievance Resolution
- Denial Notice
- Payment Denial Notice
- Modification Notice
- Termination Notice
- Financial Liability Notice

The following templates were not provided for review:

- Adverse Benefit Determination Upheld
- NAR Your Rights Attachment
- Adverse Benefit Determination Overturned

## 7.0 QUALITY

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

### COMPLIANCE DEFICIENCIES:

#### **CD 7.43:**

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

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

**Finding:** The Plan does not have mechanisms for monitoring the safety and effectiveness of medication practices for narcotic treatment programs or residential services.

#### **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: The Plan and/or its provider(s) annual updates or client discharges for beneficiaries in treatment over one year were not submitted.
- Open Providers Report: The Plan and/or its provider(s) did not report any CalOMS Tx data, and did not generate a Provider No Activity (PNA) report.



## 8.0 PROGRAM INTEGRITY

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

### COMPLIANCE DEFICIENCIES:

#### **CD 8.58:**

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

- i. The substance use disorder medical director's responsibilities shall at a minimum include all of the following:
  - a. Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
  - b. Ensure that physicians do not delegate their duties to non-physician personnel.
  - c. Develop and implement medical policies and standards for the provider.
  - d. Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.
  - e. Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
  - f. Ensure that provider's physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries
  - g. Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.
- ii. The substance use disorder medical director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the substance use disorder medical director shall remain responsible for ensuring all delegated duties are properly performed.

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

- v. Written roles and responsibilities and a code of conduct for the medical director shall be clearly documented, signed and dated by a provider representative and the physician.

**Finding:** The Plan does not ensure that all DMC Medical Directors are aware of and are meeting their responsibilities. The written roles and responsibilities provided as a job description did not include the following requirements:

- Signed and dated by a provider representative
- 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

The Code of Conduct that was provided entitled "Registered and Certified Alcohol and Drug Professionals" signed by the Medical Director clearly indicate they are not for the Medical Director.

**CD 8.61:**

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

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

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

Alternatively, call the Hotlines:

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

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

SUD Compliance Division:

Public Number: (916) 322-2911

Toll Free Number: (877) 685-8333

The Complaint Form is available and can may be submitted online:

<http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>

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

**Finding:** The Plan did not provide evidence of a process for investigating complaints. The Plan does not forward complaints regarding DMC certified facilities to Drug Medi-Cal Complaints. The Plan does not forward complaints regarding Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities to SUD Compliance Division. The Plan does not submit results of investigations to the [SUDCountyReports](mailto:SUDCountyReports@dhcs.ca.gov) mailbox within two (2) business days.