DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

April 26, 2023

THIS LETTER SENT VIA EMAIL TO: Karen.Tribble@acgov.org

Ms. Karyn Tribble, Director
Alameda County Behavioral Health Care Services Department
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS REPORT

Dear Director Tribble:

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) and the terms of the Intergovernmental Agreement operated by Alameda County.

The County Compliance Section (CCS) within the Audits and Investigations Division (A&I) 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 Alameda County's Fiscal Year 2022-23 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Alameda County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) to the Medi-Cal Behavioral Health – Oversight and Monitoring Division (MCBH-OMD), County/Provider Operations and Monitoring Branch (CPOMB) Liaison by 6/26/2023. Please use the enclosed CAP form to submit the completed CAP and supporting documentation via the MOVEit Secure Managed File Transfer System. For instructions on how to submit to the correct MOVEit folder, email MCBHOMDMonitoring@dhcs.ca.gov.

If you have any questions, please contact me at becky.counter@dhcs.ca.gov.

Sincerely,

Becky Counter | Analyst

Distribution:

To: Director Tribble,

Cc: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
Catherine Hicks, Audits and Investigations, Behavioral Health Compliance Section Chief
Ayesha Smith, Audits and Investigations, Behavioral Health Compliance Unit Chief
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief
Cindy Berger, Audits and Investigations, Provider Compliance Unit Chief
Sergio Lopez, County/Provider Operations Monitoring Section I Chief
Tony Nguyen, County/Provider Operations Monitoring Section II Chief
MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Clyde Lewis, Alameda County Behavioral Health (ACBH) Substance Use Continuum of Care Director

COUNTY REVIEW INFORMATION

County:
Alameda

County Contact Name/Title:
Clyde Lewis, ACBH Substance Use Continuum of Care Director

County Address:
2000 Embarcadero Cove
Oakland, CA 94606

County Phone Number/Email:
(510) 567-8123
Clyde.lewis@acgov.org

Date of DMC-ODS Implementation:
6/30/2018

Date of Review:
3/8/2023

Lead CCM Analyst:
Becky Counter

Assisting CCM Analyst:
N/A

Report Prepared by:
Becky Counter

Report Approved by:
Ayesha Smith

REVIEW SCOPE

I. Regulations:
   a. Special Terms and Conditions (STCs) for California Advancing & Innovating Medi-Cal (CalAIM) 1915(b) Waiver
   b. Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care
   c. California Code of Regulations, Title 9, Division 4: Department of Drug and Alcohol Programs
   d. California Health and Safety Code, Chapter 3 of Part 1, Division 10.5: Alcohol and Drug Programs
   e. California Welfare and Institutions Code, Division 9, Part 3, Chapter 7, sections 14000 et seq., in particular but not limited to sections 14100.2, 14021, 14021.5, 14021.6, 14021.51-14021.53, 14124.20-14124.25, 14043, et seq., 14184.100 et seq. and 14045.10 et seq.: Basic Health Care

II. Program Requirements:
   a. Fiscal Year (FY) 2021-22 Intergovernmental Agreement (IA)
   b. Fiscal Year (FY) 2022-23 Intergovernmental Agreement (IA)
   c. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
   d. Behavioral Health Information Notices (BHIN)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An Entrance Conference was conducted via WebEx on 3/8/2023. The following individuals were present:

- Representing DHCS:
  Becky Counter, County Compliance Monitoring II (CCM II) Analyst

- Representing Alameda County:
  Dr. Karyn Tribble, Director
  Dr. Clyde Lewis, Substance Use Continuum of Care Director
  Fonda Houston, Substance Use Operational Specialist
  Jose Santiago, Financial Services Specialist II
  Karen Capece, Interim Plan Administrator/Deputy Director
  Lani Pallotta, SUD/HSP Fiscal Team Supervisor
  Lauren Rankin, Program Contract Manager
  Melissa Yamamoto, Associate Program Specialist, SU Continuum
  Nancy Ceja, Associate Program Specialist, SU Continuum
  Anna Ramos, Management Analyst
  Cecilia Serrano, Finance Director
  Yikki Yi, Supervising Financial Services Specialist

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of review process
- Alameda County overview of services provided

Exit Conference:

An Exit Conference was conducted via WebEx on 3/8/2023. The following individuals were present:

- Representing DHCS:
  Becky Counter, CCM II Analyst

- Representing Alameda County:
  Dr. Karyn Tribble, Director
  Dr. Clyde Lewis, Substance Use Continuum of Care Director
  Fonda Houston, Substance Use Operational Specialist
  Jose Santiago, Financial Services Specialist II
  Karen Capece, Interim Plan Administrator/Deputy Director
  Lani Pallotta, SUD/HSP Fiscal Team Supervisor
  Lauren Rankin, Program Contract Manager
  Melissa Yamamoto, Associate Program Specialist, SU Continuum
  Nancy Ceja, Associate Program Specialist, SU Continuum
  Anna Ramos, Management Analyst
  Cecilia Serrano, Finance Director
  Yikki Yi, Supervising Financial Services Specialist

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

SUMMARY OF FY 2022-23 COMPLIANCE DEFICIENCIES (CD)

	Section:	Number of CDs
1.0	Availability of DMC-ODS Services	5
2.0	Coordination of Care Requirements	5
3.0	Quality Assurance and Performance Improvement	3
4.0	Access and Information Requirements	5
5.0	Beneficiary Rights and Protections	0
6.0	Program Integrity	0

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part III, Section QQ each CD identified must be addressed via a CAP. The CAP is due within sixty (60) calendar days of the date of this monitoring report.

Please provide the following within the completed FY 2022-23 CAP:

a) A list of action steps to be taken to correct the CD.
b) The name of the person who will be responsible for corrections and ongoing compliance.
c) Provide a specific description on how ongoing compliance is ensured.
d) A date of completion for each CD.

The CPOMB liaison will monitor progress of the CAP completion.

Category 1: AVAILABILITY OF DMC-ODS SERVICES

A review of the administrative trainings, policies and procedures was conducted to ensure compliance with applicable regulations, and standards. The following deficiencies in availability of DMC-ODS services were identified:

COMPLIANCE DEFICIENCIES:

CD 1.1.3:
Intergovernmental Agreement Exhibit A, Attachment I, III, C, 2, vi, d, i-vi

d. Level of Care Determination: The ASAM Criteria shall be used to determine placement into the appropriate level of care for all beneficiaries, and is separate and distinct from determining medical necessity.
   i. For beneficiaries 21 and over, a full assessment using the ASAM Criteria shall be completed within 30 days of the beneficiary's first visit with an LPHA or registered/certified counselor.
   ii. For beneficiaries under 21, or for adults experiencing homelessness, a full assessment using the ASAM Criteria shall be completed within 60 days of the beneficiary's first visit with an LPHA or registered/certified counselor.
   iii. A full ASAM Criteria assessment is not required to deliver prevention and early intervention services for beneficiaries under 21; a brief screening ASAM Criteria tool is sufficient for these services (see below regarding details about ASAM level of care 0.5).
   iv. If a beneficiary withdraws from treatment prior to completing the ASAM Criteria assessment and later returns, the time period starts over.
   v. A full ASAM Criteria assessment, or initial provisional referral tool for preliminary level of care recommendations, shall not be required to begin receiving DMC-ODS services. A full ASAM assessment does not need to be repeated unless the beneficiary's condition changes.
   vi. Beneficiary placement and level of care determinations shall ensure that beneficiaries are able to receive care in the least restrictive level of care that is clinically appropriate to treat their condition.

Findings: The Plan did not provide evidence of practice to demonstrate Plan and subcontracted network providers use the ASAM Criteria to determine placement into the appropriate level of care for all beneficiaries.

The Plan did not provide evidence to demonstrate Plan and subcontracted network providers allow for beneficiaries who withdraw from treatment prior to completing the ASAM Criteria assessment and later return, the time period starts over.

The Plan did not provide evidence to demonstrate Plan and subcontracted network providers do not require a full ASAM Criteria assessment or initial provisional referral tool for preliminary level of care recommendations prior to receiving DMC-ODS services.

The Plan did not provide evidence to demonstrate Plan and subcontracted network providers place beneficiaries able to receive care in the least restrictive level of care that is clinically appropriate to treat their condition.

CD 1.2.1:

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 6, i-v

i. The Contractor and its subcontractors shall not knowingly have a relationship of the type described in paragraph (iii) of this subsection with the following:
   a. An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
   b. An individual or entity who is an affiliate, as defined in the Federal Acquisition Regulation at 48 CFR 2.101, of a person described in paragraph (a)(1) of this section.

ii. The Contractor and its subcontractors shall not have a relationship with an individual or entity that is excluded from participation in any Federal Health Care Program under section 1128 or 1128A of the Act.

iii. The relationships described in paragraph (i) of this section, are as follows:
   a. A director, officer, or partner of the Contractor.
   b. A subcontractor of the Contractor, as governed by 42 CFR §438.230.
   c. A person with beneficial ownership of five percent or more of the Contractor's equity.
   d. A network provider or person with an employment, consulting, or other arrangement with the Contractor for the provision of items and services that are significant and material to the Contractor's obligations under this Agreement.

iv. If the Department finds that the Contractor is not in compliance, the Department:
   a. Shall notify the Secretary of the noncompliance.
   b. May continue an existing Agreement with the Contractor unless the Secretary directs otherwise.
   c. May not renew or otherwise extend the duration of an existing Agreement with the Contractor unless the Secretary provides to the state and to Congress a written statement describing compelling reasons that exist for renewing or extending the Agreement despite the prohibited affiliations.
   d. Nothing in this section shall be construed to limit or otherwise affect any remedies available to the U.S. under sections 1128, 1128A or 1128B of the Act.

v. The Contractor shall provide the Department with written disclosure of any prohibited affiliation under this section by the Contractor or any of its subcontractors.

Findings: The Plan did not provide evidence to demonstrate compliance with identifying Plan and subcontracted network providers knowingly having prohibited relationships with:

- An individual or entity debarred, suspended, or excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.

CD 1.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, J, 3

3. The Contractor shall only select providers that have a Medical Director who, prior to the delivery of services under this Agreement, has enrolled with DHCS under applicable state regulations, has been screened in accordance with 42 CFR 455.450(a) as a "limited" categorical risk within a year prior to serving as a Medical Director under this Agreement, and has signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107.

Findings: The Plan did not provide evidence to demonstrate Plan and subcontracted network providers only select providers that have a Medical Director who:

- Signed a Medicaid provider agreement with DHCS.

CD 1.3.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, v

v. Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.

Findings: The Plan did not provide evidence to demonstrate Alameda County's physician received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education submitted for calendar year 2021 for Alameda County's physician, Dr. Joshua Kayman, totaled 28 hours, but it is unclear whether these hours were completed in addiction medicine. The documentation provided was labeled "Up to Date" and did not include the curriculum reviewed in the training.

CD 1.3.4:
Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c
c. The Contractor shall ensure that all personnel who provide WM services or who monitor or supervise the provision of such service shall meet additional training requirements set forth in BHIN 21-001 and its accompanying exhibits.
BHIN 21-001

Findings: The Plan did not provide evidence of practice to demonstrate all personnel who provide Withdrawal Management (WM) services or who monitor or supervise the provision of such service meet the additional training set forth in BHIN 21-001, specifically;

- Certified in cardiopulmonary resuscitation;
- Certified in first aid;
- Trained in the use of Naloxone;
- Six (6) hours of orientation training for all personnel providing WM services, monitoring and supervising the provision of WM services;
- Repeated orientation training within 14-days for returning staff following a 180 continuous day break in employment;
- Eight (8) hours of training annually that covers the needs of residents who receive WM services;
- Training documentation must be maintained in personnel records; and
- Personnel training shall be implemented and maintained by the licensee pursuant to CCR, Title 9, Section 10564(k).

Category 2: COORDINATION OF CARE

A review of the coordination of care requirements and continuity of care was conducted to ensure compliance with applicable regulations, and standards. The following deficiencies in the coordination of care requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.1.1:
Intergovernmental Agreement Exhibit A, Attachment I, III, WW, 2, i-ii, a-d

i. Perinatal services shall address treatment and recovery issues specific to pregnant and postpartum beneficiaries, such as relationships, sexual and physical abuse, and development of parenting skills.
ii. Perinatal services shall include:
    a. Parent/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792).
    b. Service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment).
    c. Education to reduce harmful effects of alcohol and drugs on the parent and fetus or the parent and infant.
    d. Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).

Findings: The Plan did not provide evidence of practice to demonstrate perinatal services address treatment and recovery issues specific to pregnant and postpartum woman, specifically:

- Relationships, sexual and physical abuse, and development of parenting skills.
- Parent/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792).
- Service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment).
- Education to reduce harmful effects of alcohol and drugs on the parent and fetus or the parent and infant.
- Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).

CD 2.1.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, WW, 2, iv

iv. Contractor shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines. The Perinatal Practice Guidelines are attached to this Agreement as Document 1G, incorporated by reference. The Contractor shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. The incorporation of any new Perinatal Practice Guidelines into this Agreement shall not require a formal amendment.

Perinatal Practice Guidelines Section B, 4

SUD providers shall coordinate treatment services with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation as well as additional services that are medically necessary to prevent risk to a fetus, infant, or mother. Providers shall also provide or arrange for transportation to ensure access to treatment.

Findings: The Plan did not provide evidence of practice to demonstrate Plan and subcontracted network providers coordinate treatment services with other appropriate services for perinatal beneficiaries that include:

- Health services.
- Criminal justice services.
- Social services.
- Educational services.
- Vocational rehabilitation services.
- Transportation services.
- Other services that are medically necessary to prevent risk to fetus, infant or mother.

CD 2.1.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 13, i

13. Youth Treatment Guidelines

i. Contractor shall follow the guidelines in Document 1V, incorporated by this reference, “Youth Treatment Guidelines,” in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Agreement is required for new guidelines to be incorporated into this Agreement.

Adolescent Best Practices Guide

3.1.6 Case Management and Care Coordination

Adolescents are often involved in multiple systems while in or on their path to treatment and throughout their recovery (see Systems Collaboration section for additional information). Effective adolescent services coordinate with the

adolescent's family and with professionals from the various systems with which he or she interacts (e.g., mental health, physical health care, education, social services, child welfare, and juvenile justice). Involvement of these professionals, as identified by the team, assists in developing and executing a comprehensive treatment plan. Case managers (e.g., care coordinators) provide continuous support for the adolescents, ensuring there are linkages

Findings: The Plan did not provide evidence to demonstrate Plan and subcontracted network provider case managers and care coordinators provide continuous support for adolescent clients entering treatment.

The Plan did not provide evidence it ensures case managers and care coordinators provide continuous support for adolescent clients entering treatment with a system that includes interaction with following services:

- Mental health services.
- Physical health services.
- Educational services.
- Social services.
- Child welfare services.
- Juvenile justice services.

CD 2.1.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 13, i

13. Youth Treatment Guidelines
    i. Contractor shall follow the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Agreement is required for new guidelines to be incorporated into this Agreement.

Adolescent Best Practices Guide

4.6 Transportation

Access to safe, affordable transportation for adolescents with SUDs can increase their engagement and retention in treatment, aid in accessing other treatment-related services, and assist in achieving treatment and recovery plan goals. Transportation assistance may be accomplished in a variety of ways, such as provision of public transportation passes; and identification of and access to other community transportation resources (NASADAD, 2014).

Findings: The Plan did not provide evidence of practice to demonstrate access to safe, affordable transportation to assist with engagement and retention in treatment and assist in achieving recovery plan goals for adolescents.

CD 2.2.1:
Intergovernmental Agreement Exhibit A, Attachment I, II, E, 3, i-ii, a-e

i. The Contractor shall comply with the care and coordination requirements of this section.
ii. 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 their 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. 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.
    d. Ensure that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards.
    e. 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.

Findings: The Plan did not provide evidence of practice to demonstrate implementation of procedures to deliver care and coordinate services for all of its beneficiaries, specifically:

- An ongoing source of care appropriate to needs and person or entity designated as primarily responsible for coordinating services accessed;
- Information on how to contact their designated person or entity;
- Coordinate services between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays;
- Coordinate services with the services the beneficiary receives from any other managed care organization;

- Coordinate services with the services the beneficiary receives in FFS Medicaid;
- Coordinate services with the services the beneficiary receives from community and social support providers.
- Coordinate 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;
- Coordinate with and ensure each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards; and
- Ensure 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.

Category 3: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

A review of the practice guidelines, monitoring, and other quality assurance requirements was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in quality assurance and performance improvement were identified:

COMPLIANCE DEFICIENCIES:

CD 3.1.2:
Intergovernmental Agreement Exhibit A, Attachment I, III, SS, 1

1. The Contractor shall have a Utilization Management (UM) Program assuring that beneficiaries have appropriate access to SUD services, that services are medically necessary, that the ASAM Criteria shall be used to determine placement into the appropriate level of care, and that the interventions are appropriate for the diagnosis and level of care. The Contractor shall have a documented system for collecting, maintaining and evaluating accessibility to care and waiting list information, including tracking the number of days to first DMC-ODS service at an appropriate level of care following initial request or referral for all DMC-ODS services.

Findings: The Plan did not provide evidence to demonstrate the Plan has documented system that does the following:

- Tracks the number of days to first DMC-ODS service at an appropriate level of care following initial request.

CD 3.3.1:
Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i, c-f

i. The CalOMS-Tx business rules and requirements are:
   c. 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.
   d. 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.
   e. 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.
   f. 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.

Findings: The Plan's Open Admissions report is not in compliance.

CD 3.3.3:
Intergovernmental Agreement Exhibit A, Attachment, III, MM, 6, i, a-d

i. The DATAR business rules and requirements:
   a. The Contractor shall be responsible for ensuring that the Contractor-operated treatment services and all treatment providers with whom Contractor subcontracts or otherwise pays for the services, submit a monthly DATAR report in an electronic copy format as provided by DHCS.
   b. In those instances where the Contractor maintains, either directly or indirectly, a central intake unit or equivalent, which provides intake services including a waiting list, the Contractor shall identify and begin submitting monthly DATAR reports for the central intake unit by a date to be specified by DHCS.
   c. The Contractor shall ensure that all DATAR reports are submitted to DHCS by the 10th of the month following the report activity month.
   d. The Contractor shall ensure that all applicable providers are enrolled in DHCS' web-based DATAR program for submission of data, accessible on the DHCS website when executing the subcontract.

Findings: The Plan's DATAR report is not in compliance.

Category 4: ACCESS AND INFORMATION REQUIREMENTS

A review of the access and information requirements for the access line, language and format requirements, and general information was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in access and information requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 4.1.1:
Intergovernmental Agreement Exhibit A, Attachment I, III, OO, 1

1. Contractor shall include instructions on record retention and include in any subcontract with providers the mandate 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 438.3(h) and 438.3(u).

WIC 14124.1

Findings: The Plan did not provide evidence to demonstrate Plan and subcontracted network providers ensure records are retained for ten years from the final date of the contract period between the County and the provider, from the date of completion of any audit, or from the date the service was rendered, whichever is later, pursuant to WIC 14124.1 and CFR 438.3(h) and 438.3(u).

CD 4.1.2:
Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 1

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 business days. The Contractor shall submit the notification using a Secure Managed File Transfer system specified by DHCS.

Findings: The Plan did not provide evidence to demonstrate a process to notify DHCS within two (2) business days regarding the termination, and the basis for the termination, of a subcontract with a certified provider.

CD 4.1.3:
Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, viii, a
viii. Information for all beneficiaries of the Contractor.
   a. The Contractor shall make a good faith effort to give written notice of termination of a subcontracted provider, within 15 calendar days after receipt or issuance of the termination notice, to each beneficiary who received his or her primary care from, or was seen on a regular basis by, the terminated provider.

Findings: The Plan did not provide evidence to demonstrate a good faith effort to give a written notice of termination of a Network provider to beneficiaries within 15 calendar days after receipt or issuance of the termination notice.

CD 4.3.2:
Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 15, i-xiii
15. Federal Law Requirements:
   i. Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.
   ii. Title IX of the Education Amendments of 1972 (regarding education and programs and activities), if applicable.
   iii. Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
   iv. Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
   v. Age Discrimination in Employment Act (29 CFR Part 1625).
   vi. Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.
   vii. Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.
   viii. Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
   ix. Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
   x. Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than $10,000 funded by federal financial assistance.
   xi. Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
   xii. The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
   xiii. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

Intergovernmental Agreement Exhibit A, Attachment, III, CC, 18, i
18. Subcontract Provisions
    i. Contractor shall include all of the foregoing provisions in all of its subcontracts.

Findings: The Plan did not provide evidence to demonstrate all Federal Law Requirements from the Intergovernmental Agreement, Exhibit A, Attachment I, III, CC, 15, i-xiii, foregoing provision is included in all subcontracts, specifically missing:

- Title VI of the Civil Rights Act of 1964, Section 2000d.
- Title IX of the Education Amendments of 1972.
- Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.).
- Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107).
- Age Discrimination in Employment Act (29 CFR Part 1625).
- Title I of the Americans with Disabilities Act (29 CFR Part 1630).
- Americans with Disabilities Act (28 CFR Part 35).
- Title III of the Americans with Disabilities Act (28 CFR Part 36).
- Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60).
- Executive Order 13166 (67 FR 41455).
- The Drug Abuse Office and Treatment Act of 1972.
- The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616).

CD 4.3.3:
Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 16, i-v
16. State Law Requirements:
    i. Fair Employment and Housing Act (Gov. Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (Cal. Code Regs., tit. 2, Div. 4 § 7285.0 et seq.).
    ii. Title 2, Division 3, Article 9.5 of the Gov. Code, commencing with Section 11135.
    iii. Cal. Code Regs., tit. 9, div. 4, chapter 8, commencing with §10800.
    iv. No state or Federal funds shall be used by the Contractor, or its subcontractors, for sectarian worship, instruction, and/or proselytization. No state funds shall be used by the Contractor, or its subcontractors, to provide direct, immediate, or substantial support to any religious activity.
    v. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Agreement or terminate all, or any type, of funding provided hereunder.

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 18, i
18. Subcontract Provisions
    i. Contractor shall include all of the foregoing provisions in all of its subcontracts.

Findings: The Plan did not provide evidence to demonstrate all State Law Requirements from the Intergovernmental Agreement, Exhibit A, Attachment I, III, CC, 16, i-v, foregoing provision is included in all subcontracts, specifically missing:

- Fair Employment and Housing Act.
- Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.
- Title 9, Division 4, Chapter 8, commencing with Section 10800.
- No state or Federal funds are used by the Contractor, or its subcontractors, for sectarian worship, instruction, and/or proselytization.
- No state funds are used by the Contractor, or its subcontractors, to provide direct, immediate, or substantial support to any religious activity.
- Noncompliance with the requirements of nondiscrimination in services constitutes grounds for state to withhold payments or terminate all, or any type, of funding provided.

TECHNICAL ASSISTANCE

DHCS's County Compliance Monitoring II Analyst will make referrals to the DHCS CPOMB County Liaison for the technical assistance area identified below:

Quality Assurance and Performance Improvement: CalOMS and DATAR