



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

July 3, 2019

Sent via e-mail to: ybrown@co.merced.ca.us

Yvonnia Brown, MSW, Director
Merced County Behavioral Health and Recovery Service
P.O. Box 2087
Merced, CA 95344

SUBJECT: Annual County Performance Unit Report

Dear Director Brown:

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

Merced County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 8/5/2019. 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,

Trang Huynh
(916) 713-8570
trang.huynh@dhcs.ca.gov

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

Distribution:

To: Director Brown,

CC: Tracie Walker, Performance & Integrity Branch Chief
Sandi Snelgrove, Prevention and Family Services Section Chief
Janet Rudnick, Utilization Review Section Chief
Cynthia Hudgins, Quality Monitoring Section Chief
Susan Jones, County Performance Supervisor
Tianna Hammock, Drug Medi-Cal Monitoring Unit I Supervisor
Stephanie Quok, Drug Medi-Cal Monitoring Unit II Supervisor
Tiffany Stover, Postservice Postpayment Unit I Supervisor
Eric Painter, Postservice Postpayment Unit II Supervisor
Jessica Fielding, Office of Women, Perinatal and Youth Services Unit Supervisor
Patricia Gulfam, Prevention Quality Assurance and Support Unit Supervisor
Tabatha Haywood, Merced County Division Director
Lidia Caza-Burdick, Merced County Project Manager

Lead CPU Analyst: Trang Huynh	Date of Review: 6/19/2019 - 6/20/2019
Assisting CPU Analyst(s): Jessica Jenkins	
County: Merced	County Address: 301 E. 13 th Street, Suite A Merced, CA 95341
County Contact Name/Title: Trechann Barber-Jacinto/Quality Improvement/Quality Assurance Manager	County Phone Number/Email: 209-381-6800 x3265 Trechann.Barber-Jacinto@countyofmerced.com
Report Prepared by: Trang Huynh	Report Approved by: Susan Jones

REVIEW SCOPE

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

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

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 301 E. 13th Street, Suite A, Merced CA 95341 on 6/19/2019. The following individuals were present:

- Representing DHCS:
Trang Huynh, Associate Governmental Program Analyst (AGPA)
Jessica Jenkins, AGPA
- Representing Merced County:
Maria Azevedo, Staff Services Analyst
Treichann Barber-Jacinto, Project Manager
Tabatha Haywood, Division Director
Lidia Caza-Burdick, Program Manager
Cara Rupp, Program Manager
Manjit Kaur, Fiscal Manager
Brian Stenkeson, Automation Services Manager
Kurt Craig, Compliance Officer
Sharon Mendoca, Assistant Director
Yvonnia Brown, Director
Christina DuPont, Analyst

During the Entrance Conference the following topics were discussed:

- Overview of the monitoring purpose and process
- The site review agenda

Exit Conference:

An exit conference was conducted at 301 E. 13th Street, Suite A, Merced CA 95341 on 6/20/2019. The following individuals were present:

- Representing DHCS:
Trang Huynh, AGPA
Jessica Jenkins, AGPA
- Representing Merced County:
Maria Azevedo, Staff Services Analyst
Treichann Barber-Jacinto, Project Manager
Tabatha Haywood, Division Director
Lidia Caza-Burdick, Program Manager
Cara Rupp, Program Manager
Manjit Kaur, Fiscal Manager
Kurt Craig, Compliance Officer
Sharon Mendoca, Assistant Director
Yvonnia Brown, Director
Christina DuPont, Analyst

During the Exit Conference the following topics were discussed:

- Compliance deficiencies
- Recommendations

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	1
2.0 SABG Monitoring	2
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	1

PREVIOUS CAPs

During the SFY 2018-19 review, the following CAPs with CDs were discussed and are still outstanding.

2014-15:

CD # 13: Open Admissions

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

County Reason for non-clearance of CD: The County did not provide a reason for non-clearance.

County plan to remediate: The County no longer contracts with Kingsview. They have previously cited issues working with their vendor Kingsview. Other efforts to address this area includes ongoing discussion with their Automation division to assist with trouble shooting in this area, as well as discussions with other counties in our Regional Waiver meetings, related to how other counties are addressing the processing of the CalOMS data. The County is in the process of training providers on how to open and close admissions in CALOMS.

Original expected date of completion: April 1, 2019

Updated/ revised date of completion: December 1, 2019

2015-16:

CD # 20: Open Admissions

Finding: See CD#13

County Reason for non-clearance of CD: See CD#13

County plan to remediate: See CD#13

Original expected date of completion: April 1, 2019

Updated/ revised date of completion: December 1, 2019

2016-17:

CD 10.57.d: Open Admissions

Finding: See CD#13

County Reason for non-clearance of CD: See CD#13

County plan to remediate: See CD#13

Original expected date of completion: April 1, 2019

Updated/ revised date of completion: December 1, 2019

2017-18:

CD 10.57.d: Open Admissions

Finding: See CD#13

County Reason for non-clearance of CD: See CD#13

County plan to remediate: See CD#13

Original expected date of completion: April 1, 2019

Updated/ revised date of completion: December 1, 2019

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

COMPLIANCE DEFICIENCY:

CD 1.6:

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

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

2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.9:

SABG State-County Contract Exhibit A, Attachment I A1, Part I, Section 3, A, 1, (e)
Contractor's performance under this Exhibit A, Attachment I, Part I, shall be monitored by DHCS during the term of this Contract. Monitoring criteria shall include, but not be limited to:

- e) Whether the Contractor conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent by secure, encrypted email to:
SUDCountyReports@dhcs.ca.gov or Substance Use Disorder-Program, Policy, and Fiscal Division
Performance Management Branch
Department of Health Care Services
PO Box 997413, MS-2627
Sacramento, CA 95899-7413*

Finding: The County did not monitor seven of seven 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 any SABG fiscal 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 deficiency in CalOMS and DATAR regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCY:

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 deficiency in Privacy and Information Security regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCY:

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 process in place for addressing beneficiary PHI amendment requests in compliance with 45 CFR Section 164.526.

9.0 TECHNICAL ASSISTANCE

County did not request any TA for this fiscal year.



JENNIFER KENT
DIRECTOR

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



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July 3, 2019

Sent via e-mail to: Yvonnia.Brown@countyofmerced.com

Yvonnia Brown, Director
Merced County Behavioral Health & Recovery Services
301 E. 13th Street, Suite A
Merced, CA 95341

SUBJECT: Annual County Performance Unit Report

Dear Director Brown:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to the requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver and the terms of the Intergovernmental Agreement operated by Merced 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 Merced County's 2018-19 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Merced County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 8/5/2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to the CPU analyst or mailed to the address listed below.

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

Sincerely,

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

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

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

Distribution:

To: Director Brown

CC: Don Braeger, Substance Use Disorders - Program, Policy and Fiscal Division Chief
Tracie Walker, Performance & Integrity Branch Chief
Sandi Snelgrove, Prevention and Family Services Section Chief
Cynthia Hudgins, Quality Monitoring Section Chief
Janet Rudnick, Utilization Review Section Chief
Susan Jones, County Performance Unit Supervisor
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Eric Painter, Postservice Postpayment Unit II Supervisor
Jessica Fielding, Office of Women, Perinatal and Youth Services Unit Supervisor
Patricia Gulfam, Prevention Quality Assurance and Support Unit Supervisor
Tabatha Haywood, Merced County Division Director
Lidia Caza-Burdick, Merced County Project Manager

Lead CPU Analyst: Jessica Jenkins	Date of Review: 6/19/2019 - 6/20/2019
Assisting CPU Analyst(s): Trang Huynh	Date of DMC-ODS Implementation: 1/1/2019
County: Merced	County Address: 301 E. 13th Street Suite A Merced CA 95341
County Contact Name/Title: Trechann Barber-Jacinto/Quality Improvement/Quality Assurance Manager	County Phone Number/Email: 209-381-6800 x3265 Trechann.Barber-Jacinto@countyofmerced.com
Report Prepared by: Jessica Jenkins	Report Approved by: Susan Jones

REVIEW SCOPE

- I. Regulations:
 - a. Special Terms and Conditions (STCs) for California’s Medi-Cal 2020 section 1115(a) Medicaid Demonstration STC, Part X: Drug Medi-Cal Organized Delivery System
 - b. 42 CFR; Chapter IV, Subchapter C, Part 438; §438.1 through 438.930: Managed Care
- II. Program Requirements:
 - a. State Fiscal Year (SFY) 2018-19 Intergovernmental Agreement (IA)
 - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 301 E. 13th Street, Suite A, Merced, CA 95341 on 6/19/2019. The following individuals were present:

- Representing DHCS:
Jessica Jenkins, Associate Governmental Program Analyst (AGPA)
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During the Entrance Conference the following topics were discussed:

- Overview of the monitoring purpose and process
- The site review agenda

Exit Conference:

An exit conference was conducted at 301 E. 13th Street, Suite A, Merced, CA 95341 on 6/20/2019. The following individuals were present:

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Cara Rupp, Program Manager
Manjit Kaur, Fiscal Manager
Kurt Craig, Compliance Officer
Sharon Mendoca, Assistant Director
Yvonnia Brown, Director
Christina DuPont, Analyst

During the Exit Conference the following topics were discussed:

- Compliance deficiencies
- Recommendations

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

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

CORRECTIVE ACTION PLAN

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

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

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

The CPU analyst will monitor progress of the CAP completion.

2.0 MEMBER SERVICES

The following deficiency in the member services requirements was identified:

COMPLIANCE DEFICIENCY:

CD 2.14

MHSUDS Information Notice: 18-020

I. 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 provider directory is missing the following required elements:

- National Provider Identifier number
- California license number and type of license

4.0 ACCESS

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

COMPLIANCE DEFICIENCY:

CD 4.29:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 1, ii, a.

- ii. The Contractor shall, consistent with the scope of its contracted services, meet the following requirements:
 - a. Maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under this Agreement for all beneficiaries, including those with limited English proficiency or physical or mental disabilities;

Intergovernmental Agreement Exhibit A, Attachment I, III, E, 1, i-iii.

E. Availability of Services

1. In addition to the availability of services requirements set forth in Article II,E,1 of this Agreement, the Contractor shall:
 - i. Consider the numbers and types (in terms of training, experience and specialization) of providers required to ensure the availability and accessibility of medically necessary services;
 - ii. Maintain and monitor a network of appropriate providers that is supported by written agreements for subcontractors and that is sufficient to provide its beneficiaries with adequate access to all services covered under this Agreement.
 - iii. In establishing and monitoring the network, document the following:
 - a. The anticipated number of Medi-Cal eligible beneficiaries.
 - b. The expected utilization of services, taking into account the characteristics and SUD treatment needs of beneficiaries.
 - c. The expected number and types of providers in terms of training and experience needed to meet expected utilization.
 - d. The numbers of network providers who are not accepting new beneficiaries.
 - e. The geographic location of providers and their accessibility to beneficiaries, considering distance, travel time, means of transportation ordinarily used by Medi-Cal beneficiaries, and physical access for disabled beneficiaries.

AB 205, Sec. 7, 14197(c)(4)(A)(i-iii)

(4) (A) For outpatient substance use disorder services other than opioid treatment programs, as follows:

- (i) Up to 15 miles or 30 minutes from the beneficiary's place of residence for the following counties: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara.
- (ii) Up to 30 miles or 60 minutes from the beneficiary's place of residence for the following counties: Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura.
- (iii) Up to 60 miles or 90 minutes from the beneficiary's place of residence for the following counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Mariposa, Mendocino,

Merced, Modoc, Monterey, Mono, Napa, Nevada, Plumas, San Benito, San Bernardino, San Luis Obispo, Santa Barbara, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, and Yuba.

AB 205, Sec. 7, 14197(c)(4)(B)(i-iv)

(B) For opioid treatment programs, as follows:

(i) Up to 15 miles or 30 minutes from the beneficiary's place of residence for the following counties: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara.

(ii) Up to 30 miles or 60 minutes from the beneficiary's place of residence for the following counties: Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura.

(iii) Up to 45 miles or 75 minutes from the beneficiary's place of residence for the following counties: Amador, Butte, El Dorado, Fresno, Kern, Kings, Lake, Madera, Merced, Monterey, Napa, Nevada, San Bernardino, San Luis Obispo, Santa Barbara, Sutter, Tulare, Yolo, and Yuba.

(iv) Up to 60 miles or 90 minutes from the beneficiary's place of residence for the following counties: Alpine, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Lassen, Mariposa, Mendocino, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity, and Tuolumne.

AB 205, Sec. 7, 14197(e)(1-4)

(e) (1) The department, upon request of a Medi-Cal managed care plan, may allow alternative access standards for the time and distance standards established under this section if either of the following occur:

(A) The requesting Medi-Cal managed care plan has exhausted all other reasonable options to obtain providers to meet the applicable standard.

(B) The department determines that the requesting Medi-Cal managed care plan has demonstrated that its delivery structure is capable of delivering the appropriate level of care and access.

(2) If a Medi-Cal managed care plan cannot meet the time and distance standards set forth in this section, the Medi-Cal managed care plan shall submit a request for alternative access standards to the department, in the form and manner specified by the department. A request may be submitted at the same time as the Medi-Cal managed care plan submits its annual demonstration of compliance with time and distance standards, if known at that time.

(3) A request for alternative access standards shall be approved or denied on a ZIP Code and provider type, including specialty type, basis by the department within 90 days of submission of the request. The Medi-Cal managed care plan shall also include a description of the reasons justifying the alternative access standards based on those facts and circumstances. The department may stop the 90-day timeframe, on one or more occasions as necessary, in the event of an incomplete submission or to obtain additional information from the Medi-Cal managed care plan requesting the alternative access standards. Upon submission of sufficient additional information to the department, the 90-day timeframe shall resume at the same point in time it was previously stopped, except if there is less than 30 days remaining in which case the department shall approve or deny the request within 30 days of submission of sufficient additional information. If the department rejects the Medi-Cal managed care plan's proposal, the department shall inform the Medi-Cal managed care plan of the department's reason for

rejecting the proposal. The department shall post any approved alternative access standards on its Internet Web site.

(4) The department may allow for the use of clinically appropriate telecommunications technology as a means of determining annual compliance with the time and distance standards established pursuant to this section or approving alternative access to care, including telehealth consistent with the requirements of Section 2290.5 of the Business and Professions Code, e-visits, or other evolving and innovative technological solutions that are used to provide care from a distance.

Finding: The Plan's process did not include:

- Anticipated number of Medi-Cal eligible beneficiaries.
- Expected utilization of services.
- Expected number and types of providers in terms of training and experience needed to meet expected utilization.
- Numbers of network providers who are not accepting new beneficiaries.
- Geographic location of providers and their accessibility to beneficiaries, considering distance, travel time, means of transportation ordinarily used by Medi-Cal beneficiaries, and physical access for disabled beneficiaries.

7.0 QUALITY

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

COMPLIANCE DEFICIENCIES:

CD 7.46:

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i – ix.

4. The monitoring of accessibility of services outlined in the Quality Improvement (QI) Plan will at a minimum include:
 - i. Timeliness of first initial contact to face-to-face appointment.
 - ii. Frequency of follow-up appointments in accordance with individualized treatment plans.
 - iii. Timeliness of services of the first dose of NTP services.
 - iv. Access to after-hours care.
 - v. Responsiveness of the beneficiary access line.
 - vi. Strategies to reduce avoidable hospitalizations.
 - vii. Coordination of physical and mental health services with waiver services at the provider level.
 - viii. Assessment of the beneficiaries' experiences.
 - ix. Telephone access line and services in the prevalent non-English languages.

Finding: The Plan's Quality Improvement (QI) Plan does not include the following requirement:

- Strategies to reduce avoidable hospitalizations

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.

Finding: The following CalOMS Tx reports are non-compliant:

- Open Admissions Report
- Open Providers Report