



JENNIFER KENT  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

July 16, 2019

Sent via e-mail to: [jnagel@ochca.com](mailto:jnagel@ochca.com)

Jeffrey Nagel, PhD, Director of Operations  
Orange County Health Care Agency, Behavioral Health Services  
405 West 5<sup>th</sup> Street  
Santa Ana, CA 92701

SUBJECT: Annual County Performance Unit Report

Dear Director Nagel,

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

Orange County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 8/16/2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to the CPU analyst or mailed to the address listed below.

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

Sincerely,

*Michael Bivians*

Michael Bivians  
(916) 713-8966  
[michael.bivians@dhcs.ca.gov](mailto:michael.bivians@dhcs.ca.gov)

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

Distribution:

To: Director Nagel,

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  
Azahar Lopez, PsyD, Substance Use Disorder Support Manager

<b>Lead CPU Analyst:</b> Michael Bivians	<b>Date of Review:</b> 6/11/2019 - 6/12/2019
<b>Assisting CPU Analyst(s):</b> LaMonte Love	
<b>County:</b> Orange County	<b>County Address:</b> 405 West 5 <sup>th</sup> Street Santa Ana, CA 92701
<b>County Contact Name/Title:</b> Azahar Lopez, PsyD, SUD Support Manager	<b>County Phone Number/Email:</b> 714-796-0208 azlopez@ochca.com
<b>Report Prepared by:</b> Michael Bivians	<b>Report Approved by:</b> 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 405 West 5<sup>th</sup> Street Santa Ana, CA 92701 on 6/11/2019. The following individuals were present:

- Representing DHCS:  
Michael Bivians, Associate Governmental Program Analyst (AGPA)  
LaMonte Love, AGPA
- Representing Orange County:  
Jeff Nagel, Behavioral Health Director  
Azahar Lopez, Substance Use Disorder Support Manager  
Elizabeth Bausman, Administrative Manager I  
Sandra Okubo, Senior Research Analyst  
Glenda Aguilar, Service Chief II  
Tracy Rick, Program Manager II  
Deepa Shanadi, Research Analyst IV  
Trish Fallon, Recruitment Manager  
Mark Lawrenz, Division Manager Prevention  
Scott Price, Program Support Manager  
Ian Kemmer, Program Manager  
John Crump, Service Chief II  
Vanessa McDowell, Service Chief II  
Lauren Trask, Behavioral Health Clinician II  
Carolyn Secrist, Public Health Program Support  
Dawn Smith, Division Manager  
David Castellanos, Information Security Officer  
Judy Daza, Human Resources Analyst  
Jeffrey Nottke, Administrative Manager  
Alicia Lemire, Administrative Manager II  
Sarah Nguyen, Behavioral Health Clinician II  
Heather Balcom, Service Chief II  
Chi Rajalingam, Chief Compliance Officer  
Elisa Perez, Staff Specialist  
Ariel Maw, Senior Accountant  
Teresa Renteria, Program Manager II  
Bijan Amirshahi, Ethnic Services Manager  
April Howard, Senior Research Analyst  
Linda Molina, Division Manager  
Joe Cook, Contracts Administrator  
Annette Mugrditchian, Director Operations  
Nathan Lopez, Program Manager II  
Maria Pirona, Contracts Division Manager  
Ewa Borucki, Research Analyst IV  
Kathleen Murray, Director Authority & Quality Improvement  
Kevin Clark, Program Support Financial Services

Monica Curran, Health Program Specialist

During the Entrance Conference the following topics were discussed:

- Introductions
- County System of Service Overview
- Visual Presentation of Orange County Services
- Overview of Monitoring Purpose and Process

Exit Conference:

An exit conference was conducted at 405 West 5<sup>th</sup> Street Santa Ana, CA 92701 on 6/12/2019. The following individuals were present:

- Representing DHCS:  
Michael Bivians, AGPA  
LaMonte Love, AGPA
  
- Representing Orange County:  
Azahar Lopez, Substance Use Disorder Support Manager  
Sandra Okubo, Senior Research Analyst  
Tracy Rick, Program Manager II  
Deepa Shanadi, Research Analyst IV  
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Heather Balcom, Service Chief II  
Chi Rajalingam, Chief Compliance Officer  
April Howard, Senior Research Analyst  
Linda Molina, Division Manager  
Kevin Clark, Program Support Financial Services  
April Thornton, Program Manager  
Erica Spencer, Health Program Specialist

During the Exit Conference the following topics were discussed:

- Technical Assistance regarding the Master Provider File
- Final review of compliance deficiencies and recommendations

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

<b>Section:</b>	<b>Number of CD's:</b>
<b>1.0 Administration</b>	<b>0</b>
<b>2.0 SABG Monitoring</b>	<b>3</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>0</b>
<b>7.0 CalOMS and DATAR</b>	<b>2</b>
<b>8.0 Privacy and Information Security</b>	<b>0</b>



**CORRECTIVE ACTION PLAN**

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 3, 7, (a-d) each CD identified must be addressed via a CAP. The CAP is due within 30 calendar days of the date of this monitoring report. Advisory recommendations are not required to be addressed in the CAP.

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

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

The CPU analyst will monitor progress of the CAP completion.

## 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 4 out of a total of 9 County programs and subcontracted providers for all SABG programmatic and fiscal requirements. The County did submit 5 SABG monitoring reports for programmatic and 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 submit 2 SABG monitoring reports for SFY 17-18 to DHCS between 3 and 10 weeks of report issuance. The County did submit the remaining 3 out of the total of 5 SABG monitoring reports within two weeks of report issuance.

**CD 2.16:**

- SABG State-County Contract Exhibit A, Attachment I A1, Part I, Section 3, A, 1 (a-e)  
*Contractor's performance under this Exhibit A, Attachment I, Part I, shall be monitored by DHCS during the term of this Contract. Monitoring criteria shall include, but not be limited to: a) Whether the quantity of work or services being performed conforms to Exhibit B.*
- b) Whether the Contractor has established and is monitoring appropriate quality standards.*
  - c) Whether the Contractor is abiding by all the terms and requirements of this Contract.*
  - d) Whether the Contractor is abiding by the terms of the Perinatal Services Network Practice Guidelines (Document 1G).*
  - e) Whether the Contractor conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent by secure, encrypted email to:*

*SUDCountyReports@dhcs.ca.gov or Substance Use Disorder-Program, Policy, and Fiscal Division  
Performance Management Branch  
Department of Health Care Services  
PO Box 997413, MS-2627  
Sacramento, CA 95899-7413*

**Finding:** The County did not submit 3 SABG monitoring reports encrypted and secure when they submitted the reports electronically. The County did submit the remaining 2 out of the total of 5 SABG monitoring reports encrypted and secure for SFY 17-18.

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

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

COMPLIANCE DEFICIENCIES:

**CD 7.34.b:**

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

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

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

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

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

**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.

## 9.0 TECHNICAL ASSISTANCE

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

The County did not request Technical Assistance for this fiscal year.



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Jeffrey Nagel, PhD, Director of Operations  
Orange County Health Care Agency, Behavioral Health Services  
405 West 5<sup>th</sup> Street  
Santa Ana, CA 92701

SUBJECT: Annual County Performance Unit Report

Dear Director Nagel,

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

Orange County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 8/16/2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to the CPU analyst or mailed to the address listed below.

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

Sincerely,

*Michael Bivians*

Michael Bivians  
(916) 713-8966  
michael.bivians@dhcs.ca.gov

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

Distribution:

To: Director Nagel,

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  
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Patricia Gulfam, Prevention Quality Assurance and Support Unit Supervisor  
Azahar Lopez, PsyD, Substance Use Disorder Support Manager

<b>Lead CPU Analyst:</b> Michael Bivians	<b>Date of Review:</b> 6/11/2019 - 6/12/2019
<b>Assisting CPU Analyst(s):</b> LaMonte Love	<b>Date of DMC-ODS Implementation:</b> 6/18/2018
<b>County:</b> Orange County	<b>County Address:</b> 405 West 5 <sup>th</sup> Street Santa Ana, CA 92701
<b>County Contact Name/Title:</b> Azahar Lopez, PsyD, SUD Support Manager	<b>County Phone Number/Email:</b> 714-796-0208 azlopez@ochca.com
<b>Report Prepared by:</b> Michael Bivians	<b>Report Approved by:</b> 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 405 West 5<sup>th</sup> Street Santa Ana, CA 92701 on 6/11/2019.

The following individuals were present:

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

- Introductions
- County System of Service Overview
- Visual Presentation of Orange County Services
- Overview of Monitoring Purpose and Process

Exit Conference:

An exit conference was conducted at 405 West 5<sup>th</sup> Street Santa Ana, CA 92701 on 6/12/2019. The following individuals were present:

- Representing DHCS:  
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April Thornton, Program Manager  
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During the Exit Conference the following topics were discussed:

- Technical Assistance regarding the Master Provider File
- Final review of compliance deficiencies and recommendations

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

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

## CORRECTIVE ACTION PLAN

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part II, Section EE, 2 each 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 CD;
- b) A list of action steps to be taken to correct the CD;
- c) A date of completion for each CD; and
- d) Who will be responsible for correction and ongoing compliance.

The CPU analyst will monitor progress of the CAP completion.

## 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 xvii, 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 following required criteria:

- Plan is Responsible, and
- Transition of Care Request.

#### **CD 2.11:**

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, iv. a-e.

- iv. Information Requirements (42 CFR §438.10) Beneficiary information required in this section may not be provided electronically by the Contractor unless all of the following are met:
  - a. The format is readily accessible;
  - b. The information is placed in a location on the Department or the Contractor's website that is prominent and readily accessible;
  - c. The information is provided in an electronic form which can be electronically retained and printed;
  - d. The information is consistent with the content and language requirements of this section; and
  - e. The beneficiary is informed that the information is available in paper form without charge upon request and provides it upon request within 5 business days.

**Finding:** The Plan's member handbook was not prominently and readily accessible on the Plan's website. The member handbook is found under a link named Drug Medi-Cal (DMC-ODS), a minimum of four (4) web pages away from the County's Home Page. To find Drug Medi-Cal (DMC-ODS) from the Orange County Home Page, a beneficiary is required to know or explore the following specific headers to link to the plan's member handbook:

1. Services
2. Abuse Information & Services
3. Alcohol & Substance Abuse
4. Drug Medi-Cal (DMC-ODS)

Once on the web page for Drug Medi-Cal (DMC-ODS) a beneficiary can access a brief explanation of the County's program and a member handbook. A potential beneficiary would have to look for the specific term Drug Medi-Cal (DMC-ODS) to find the proper information.

**CD 2.16:**

Intergovernmental Agreement Exhibit A, Attachment I, III, F, 3, x.

- x. Have a 24/7 toll free number for prospective beneficiaries to call to access DMC-ODS services and make oral interpretation services available for beneficiaries, as needed.

**Finding:** The Plan's Beneficiary Access Line did not meet the requirements for prospective beneficiaries to call to access DMC-ODS services. As an evaluation of the effectiveness of the access line, DHCS conducted a test call to the access line on the following date and time:

6/11/19 at 12:40 p.m.

The DHCS analyst connected to the access line representative following a recorded message of about 30 seconds. The access line representative did not follow the Beneficiary Access Line Telephone Script as provided by the County. The access line representative did not try and connect the DHCS analyst with a referral to check for eligibility to receive Medi-Cal benefits. The access line representative did not attempt to complete an ASAM assessment or transfer the DHCS Analyst to a clinician.

The access line representative did provide a separate phone number to DHCS to speak with the County via their OC Links access line. The access line representative did provide two (2) locations for walk-in services and six (6) phone numbers for the DHCS Analyst to contact and request services.



## 4.0 ACCESS

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

### COMPLIANCE DEFICIENCIES:

#### **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, 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...

### **Provider Re-credentialing**

DHCS requires each Plan to verify and document at a minimum every three years that each network provider that delivers covered services continues to possess valid credentials, including verification of each of the credentialing requirements listed above. The Plan must require each provider to submit any updated information needed to complete the re-credentialing process, as well as a new signed attestation. In addition to the initial credentialing requirements, re-credentialing should include documentation that the Plan has considered information from other sources pertinent to the credentialing process, such as quality improvement activities, beneficiary grievances, and medical record reviews.

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

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

The Plan's policy does not include that the following items may be verified through a non-primary source:

- Work history;
- Hospital and clinic privileges in good standing;
- Current Drug Enforcement Administration identification number;
- Current malpractice insurance...;
- History of liability claims against the provider; and
- Provider information, if any, entered in the National Practitioner Data Bank.

The Plan's policy and procedure does not require 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 inability 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 does not require network providers to sign a written attestation regarding their credentials.

## 5.0 COORDINATION OF CARE

The following deficiency in Coordination of Care for regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCY:

#### **CD 5.33:**

##### Intergovernmental Agreement Exhibit A, Attachment I, II, E, 3, iii. a – f.

- iii. The Contractor shall implement procedures to deliver care to and coordinate services for all of its beneficiaries. These procedures shall meet Department requirements and shall do the following:
  - a. Ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. The beneficiary shall be provided information on how to contact their designated person or entity.
  - b. Coordinate the services the Contractor furnishes to the beneficiary:
    - i. Between settings of care, including appropriate discharge planning for short term and long-term hospital and institutional stays.
    - ii. With the services the beneficiary receives from any other managed care organization.
    - iii. With the services the beneficiary receives in FFS Medicaid.
    - iv. With the services the beneficiary receives from community and social support providers.
  - c. Make a best effort to conduct an initial screening of each beneficiary's needs, within 90 calendar days of the effective date of enrollment for all new beneficiaries, including subsequent attempts if the initial attempt to contact the beneficiary is unsuccessful.
  - d. Share with the Department or other managed care organizations serving the beneficiary the results of any identification and assessment of that beneficiary's needs to prevent duplication of those activities.
  - e. Ensure that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards.
  - f. Ensure that in the process of coordinating care, each beneficiary's privacy is protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E and 42 CFR Part 2, to the extent that they are applicable.

**Finding:** The Plan's procedures do not include the following:

- With the services the beneficiary receives in fee for service (FFS);
- Share with the Department results of any identification and assessment...;
- Ensure that each provider furnishing services to beneficiaries maintains and shares beneficiary health record...; and
- Ensure beneficiary's privacy is protected in accordance with the privacy requirements in 45 CFR.

## 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 report(s) are non-compliant:

- Open Admissions Report.

## 8.0 PROGRAM INTEGRITY

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

### COMPLIANCE DEFICIENCY:

#### **CD 8.58:**

##### Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, 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, 7, 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 did not ensure all DMC Medical Directors are aware of and are meeting the required elements in the written roles and responsibilities and code of conduct for the medical director.

The Plan did not provide a copy of the written roles and responsibilities, and code of conduct for the Medical Director of the County of Orange Anaheim SUD Clinic as requested by DHCS.

The written roles and responsibilities, and code of conduct for the Medical Director of the requested provider, Phoenix House did not meet the following requirement(s):

- Signed and dated by a provider representative; and
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.

The written roles and responsibilities, and code of conduct for the Medical Director of the requested provider, KC Services, Inc. did not meet the following requirement(s):

- Signed and dated by a provider representative.