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



GAVIN NEWSOM
GOVERNOR

March 15, 2022

Sent via e-mail to: <judith.martin@sfdph.org>

Judith Martin, Medical Director, Substance Use Services
San Francisco Department of Health Services
1380 Howard Street
San Francisco, CA 94103

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Martin:

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 San Francisco County.

The County Compliance Unit (CCU) 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 San Francisco County's State Fiscal Year 2021-22 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

San Francisco County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) noted to the Medi-Cal Behavioral Health Division (MCBHD), Plan and Network Monitoring Branch (PNMB), County/Provider Operation and Monitoring Branch (CPOMB) Analyst by 5/16/2022. Please use the enclosed CAP form and submit the completed the CAP and supporting documentation via email to the CPOMB liaison at MCBHDMonitoring@dhcs.ca.gov.

If you have any questions or need assistance, please contact me at katrina.beedy@dhcs.ca.gov.

Sincerely,

Katrina Beedy
(916) 713-8811

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
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To: Director Martin:

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COUNTY REVIEW INFORMATION

County:
San Francisco

County Contact Name/Title:
Elissa Velez, Regulatory Affairs Manager

County Address:
1380 Howard Street,
San Francisco, CA 94103

County Phone Number/Email:
415-255-3644
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Date of DMC-ODS Implementation:
07/01/2017

Date of Review:
12/01/2021

Lead CCU Analyst:
Katrina Beedy

Assisting CCU Analyst:
N/A

Report Prepared by:
Katrina Beedy

Report Approved by:
Ayesha Smith

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. Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care

- II. Program Requirements:
 - a. Fiscal Year (FY) 2020-21 Intergovernmental Agreement (IA)
 - b. Fiscal Year (FY) 2021-22 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 12/1/2021. The following individuals were present:

- Representing DHCS:
Katrina Beedy, Associate Governmental Program Analyst (AGPA)
Michael Bivians, Staff Services Manager (SSM I)
- Representing San Francisco County:
Elissa Velez, Regulatory Affairs Manager
Andre Pelote, Compliance Manager
Carla Love, Credentialing Specialist
Chris Lovoy, CYF Assistant Director
David Pating, Addiction Psychiatry-Substance Use Services
Diane Prentiss, QM Interim Director
Ei Ei Oliva, Credentialing Specialist
Felicia Davis, Credentialing Specialist
Emily Raganold, SUD Program Coordinator
Erik Dubon, DMC Project Manager
Joseph Gorndt, Compliance Assistant Auditor
Joe Turner, BHS Compliance Officer
Judith Martin, County Alcohol and Drug Administrator
Kellee Hom, IS Project Director
Kim Oka, Certified Healthcare Privacy Compliance
Melissa Bloom, BHS Risk Manager
Michael Barack, SUD Training Officer
Michael Rojas, Administrative Analyst
Michelle Pollard, Contract Compliance Manager
Michelle Truong, BHAC Nurse Practitioner
Tom Mesa, BOCC Manager II
William Gramlich, Grievance/Appeal Officer

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the review process

Exit Conference:

An Exit Conference was conducted via WebEx on 12/1/2021. The following individuals were present:

- Representing DHCS:
Katrina Beedy, AGPA
Michael Bivians, SSM I

- Representing San Francisco County:
Elissa Velez, Regulatory Affairs Manager
Andre Pelote, Compliance Manager
Carla Love, Credentialing Specialist
Chris Lovoy, CYF Assistant Director
David Pating, Addiction Psychiatry-Substance Use Services
Diane Prentiss, QM Interim Director
Ei Ei Oliva, Credentialing Specialist
Felicia Davis, Credentialing Specialist
Emily Raganold, SUD Program Coordinator
Erik Dubon, DMC Project Manager
Joseph Gorndt, Compliance Assistant Auditor
Joe Turner, BHS Compliance Officer
Judith Martin, County Alcohol and Drug Administrator
Kellee Hom, IS Project Director
Kim Oka, Certified Healthcare Privacy Compliance
Melissa Bloom, BHS Risk Manager
Michael Barack, SUD Training Officer
Michael Rojas, Administrative Analyst
Michelle Pollard, Contract Compliance Manager
Michelle Truong, BHAC Nurse Practitioner
Tom Mesa, BOCC Manager II
William Gramlich, Grievance/Appeal Officer

During the Exit Conference, the following topics were discussed:

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

SUMMARY OF FY 2021-22 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>	<u>Number of CD's</u>
1.0 Availability of DMC-ODS Services	7
2.0 Coordination of Care	1
3.0 Quality Assurance and Performance Improvement	5
4.0 Access and Information Requirements	4
5.0 Beneficiary Rights and Protections	0
6.0 Program Integrity	2

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part III, Section KK, 2, i 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 2021-22 CAP:

- a) DHCS' CAP Template used to document process.
- b) A list of action steps to be taken to correct the CD.
- c) The name of the person who will be responsible for corrections and ongoing compliance.
- d) Provide a specific description on how ongoing compliance is ensured
- e) 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 1.1.4:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 1, iii, e-f

- iii. The Contractor shall comply with the following timely access requirements:
 - e. Monitor network providers regularly to determine compliance.
 - f. Take corrective action if there is a failure to comply by a network provider.

Findings: The Plan did not provide evidence demonstrating all network providers' compliance with timely access requirements. The Plan did not provide evidence of the following timely access requirement:

- Take corrective action if there is a failure to comply by a network provider.

CD 1.4.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iii

- iii. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

Findings: The Plan did not provide evidence demonstrating the monitoring of personnel files to ensure non-professional and professional staff employed by San Francisco County and/or UCSF Regents have appropriate experience and necessary training at the time of hiring. The Plan did not provide evidence for:

- Two (2) non-professional staff hired by San Francisco County and/or UCSF Regents during FY 2020-21.

CD 1.4.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, ii

- ii. Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

Findings: The Plan did not provide evidence demonstrating non-professional staff employed by San Francisco County and/or UCSF Regents receive appropriate onsite orientation and training prior to performing assigned duties. The Plan did not provide evidence for:

- Two (2) non-professional staff hired by San Francisco County and/or UCSF Regents during FY 2020-21.

CD 1.4.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iii

- iii. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

Findings: The Plan did not provide evidence demonstrating the monitoring of personnel files to ensure non-professional and professional staff employed by subcontractors have appropriate experience and necessary training at the time of hiring.

CD 1.4.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, ii

- ii. Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

Findings: The Plan did not provide evidence of appropriate onsite orientation and training for two (2) non-professional staff hired by subcontractors during FY 2020-21 from the following network providers:

- Mission Council on Alcohol Abuse for the Spanish Speaking
- HealthRIGHT 360 OP Services

The Plan did not provide evidence of appropriate onsite orientation and training for two (2) professional/licensed staff hired by subcontractors during FY 2020-21 from the following network providers:

- Westside Methadone Treatment Program
- San Francisco AIDS Foundation/The Stonewall Project

CD 1.4.8:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iv

- iv. 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 demonstrating San Francisco County's physician received the annual five (5) hours of continuing education units in addiction medicine. Specifically:

- The continuing medical education submitted for calendar year 2019 for San Francisco County's physician was not provided.
- The continuing medical education submitted for calendar year 2020 for San Francisco County's physician totaled 1.5 hours.

The Plan did not provide evidence demonstrating the HealthRIGHT 360's physician received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The continuing medical education submitted for calendar year 2019 for HealthRIGHT 360's physician was not provided.

CD 1.4.9:

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

v. Professional staff (LPHAs) shall receive a minimum of five hours of continuing education related to addiction medicine each year.

Findings: The Plan did not provide evidence demonstrating San Francisco County or UC Regent's professional staff (LPHAs) received the annual five (5) hours of continuing education units in addiction medicine. Specifically:

- The Plan submitted continuing education units for zero (0) of three (3) County or UC Regent LPHA staff for calendar year 2019.
- The Plan submitted continuing education units for zero (0) of three (3) County or UC Regent LPHA staff for calendar year 2020.

The Plan did not provide evidence demonstrating Horizons Unlimited's professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan submitted continuing education units for zero (0) of three (3) subcontractor LPHA staff for calendar year 2019.
- The Plan submitted continuing education units for zero (0) of three (3) subcontractor LPHA staff for calendar year 2020.

The Plan did not provide evidence demonstrating the HealthRIGHT 360 (890 Hayes Street) professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The submitted continuing education units for eight (8) subcontractor LPHA staff from various HealthRIGHT 360 facilities.
- The continuing education units submitted for calendar year 2019 for Charles Newcomb totaled zero (0) hours.
- The continuing education units submitted for calendar year 2019 for Liza Sanchez totaled zero (0) hours.
- The continuing education units submitted for calendar year 2019 for Jonathan Ramirez totaled zero (0) hours.
- The continuing education units submitted for calendar year 2020 for Liza Sanchez totaled zero (0) hours.
- The continuing education units submitted for calendar year 2020 for Jonathan Ramirez totaled zero (0) hours.

The Plan did not provide evidence demonstrating the Addiction Research and Treatment (BAART Market) professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan submitted continuing education units for one (1) of three (3) subcontractor LPHA staff for calendar year 2019.
- The Plan submitted continuing education units for one (1) of three (3) subcontractor LPHA staff for calendar year 2020.
- The continuing education units submitted for calendar year 2020 for Lynn Lo totaled 4.5 hours.

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 deficiency in the coordination of care requirements was identified:

COMPLIANCE DEFICIENCY:

CD 2.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, G, 2

1. In addition to specifying how beneficiaries will transition across levels of acute and short-term SUD care without gaps in treatment, the Contractor shall ensure that beneficiaries have access to recovery supports and services immediately after discharge or upon completion of an acute care stay, with the goal of sustained engagement and long-term retention in SUD and behavioral health treatment.

BHIN 21-020

POLICY:

As part of CalAIM, DHCS is clarifying (1) the allowable components of recovery services, described below; (2) when and how beneficiaries, including justice-involved individuals, may access recovery services; and (3) the availability of recovery services to individuals receiving Medication-Assisted Treatment (MAT). Recovery services may be delivered concurrently with other DMC-ODS services and levels of care as clinically appropriate. Beneficiaries without a remission diagnosis may also receive recovery services and do not need to be abstinent from drugs for any specified period of time. The service components of recovery services are:

- Individual and/or group outpatient counseling services;
- Recovery Monitoring: Recovery coaching and monitoring delivered in-person, by synchronous telehealth, or by telephone/audio-only;
- Relapse Prevention: Relapse prevention, including attendance in alumni groups and recovery focused events/activities;
- Education and Job Skills: Linkages to life skill services and supports, employment services, job training, and education services;
- Family Support: Linkages to childcare, parent education, child development support services, family/marriage education;
- Support Groups: Linkages to self-help and support services, spiritual and faith-based support;
- Ancillary Services: Linkages to housing assistance, transportation, case management, and other individual services coordination.

Beneficiaries may receive recovery services based on a self-assessment or provider assessment of relapse risk. Beneficiaries receiving MAT, including Narcotic (Opioid) Treatment Program services, may receive recovery services. Beneficiaries may receive recovery services immediately after incarceration regardless of whether or not they received SUD treatment during incarceration. Recovery services may be provided in-person, by synchronous telehealth, or by telephone/audio-only. Recovery services may be provided in the home or the community.

Findings: The Plan did not provide evidence demonstrating beneficiaries have access to recovery supports and services immediately after discharge or upon completion of an acute care stay.

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 3.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, III. PP, 6, i, a-j

1. Personnel files shall be maintained on all employees, contracted positions, volunteers, and interns, and shall contain the following:
 - a. Application for employment and/or resume;
 - b. Signed employment confirmation statement/duty statement;
 - c. Job description;
 - d. Performance evaluations;
 - e. Health records/status as required by the provider, AOD Certification or CCR Title 9
 - f. Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries);
 - g. Training documentation relative to substance use disorders and treatment;
 - h. Current registration, certification, intern status, or licensure;
 - i. Proof of continuing education required by licensing or certifying agency and program; and
 - j. Provider's Code of Conduct.

Findings: The Plan did not provide evidence demonstrating personnel files are maintained on all County/UC Regent and subcontractor employees, volunteers, and interns and contain the following:

- Application for employment and/or resume
- Signed employment confirmation statement/duty statement
- Job description
- Performance evaluations
- Health records/status as required by the provider, AOD Certification or CCR Title 9
- Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries)
- Training documentation relative to substance use disorders and treatment
- Current registration, certification, intern status, or licensure
- Proof of continuing education required by licensing or certifying agency and program
- Provider's Code of Conduct.

CD 3.2.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, i-ii

- i. The SUD 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 written 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, and 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 SUD Medical Director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, 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.

Findings: The Plan did not provide evidence demonstrating the written roles and responsibilities for Bayview Hunter Point's Medical Director includes all required elements. The following required elements are missing, specifically:

- Signed and dated by the physician;
- Signed and dated by a provider representative;
- Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care;
- Ensure that physicians do not delegate their duties to non-physician personnel;
- Develop and implement medical policies and standards for the provider;
- Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards;
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations; and
- Ensure that provider's physicians are adequately trained to perform other physician duties.

The Plan did not provide evidence demonstrating the written roles and responsibilities for HealthRIGHT 360's Medical Director includes all required elements. The following required element is missing, specifically:

- Signed and dated by a provider representative.

CD 3.2.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, iii, a-i

- iii. Written provider code of conduct for employees and volunteers/interns shall be established which addresses at least the following:
 - a. Use of drugs and/or alcohol
 - b. Prohibition of social/business relationship with beneficiaries or their family members for personal gain
 - c. Prohibition of sexual contact with beneficiaries
 - d. Conflict of interest
 - e. Providing services beyond scope

- f. Discrimination against beneficiaries or staff
- g. Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff
- h. Protection of beneficiary confidentiality
- i. Cooperate with complaint investigations

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, 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.

Findings: The Plan did not provide evidence demonstrating the Code of Conduct for Curry Senior Center’s Medical Director includes all required elements. The following required elements are missing, specifically:

- Signed and dated by the physician;
- Signed and dated by a provider representative;
- Use of drugs and/or alcohol;
- Prohibition of social/business relationship with beneficiary’s or their family members for personal gain;
- Prohibition of sexual contact with beneficiaries;
- Conflict of interest;
- Providing services beyond scope;
- Discrimination against beneficiary’s or staff;
- Verbally, physically, or sexually harassing, threatening, or abusing beneficiary’s, family members or other staff;
- Protection beneficiary confidentiality; and
- Cooperate with complaint investigations.

CD 3.4.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 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 3.4.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 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 Provider 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 4.3.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 4, i

4. Hatch Act

- i. Contractor agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 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 demonstrating County and subcontractor compliance with the Hatch Act.

CD 4.3.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 5, i

5. No Unlawful Use or Unlawful Use Messages Regarding Drugs

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

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 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 demonstrating County and subcontractor compliance with No Unlawful Use or Unlawful Use Messages Regarding Drugs.

CD 4.3.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 7, i

7. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

- i. None of the funds made available through this Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 18, i

18. Subcontract Provisions

- i. Contractor shall include all of the foregoing provisions in all of its subcontracts.

Findings: The Plan did not make available evidence demonstrating County and subcontractor compliance with the Limitation on Use of Funds for Promotion of Legalization of Controlled Substances.

The Plan did not provide evidence demonstrating all of the foregoing Intergovernmental Agreement, Exhibit A, Attachment I, Section III, Y, general provisions are included in all executed subcontracts, specifically Limitation on Use of Funds for Promotion of Legalization of Controlled Substances.

CD 4.3.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 11, i

11. Trafficking Victims Protection Act of 2000

- i. Contractor and its subcontractors that provide services covered by this Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702. For full text of the award term, go to:
[http://uscode.house.gov/view.xhtml?req=granuleid: USC-prelim-title22-section7104d&num=0&edition=prelim](http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim)

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 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 demonstrating all of the foregoing Intergovernmental Agreement, Exhibit A, Attachment I, Section III, Y, general provisions are included in all executed subcontracts, specifically the Trafficking Victims Protection Act of 2000 (22 USC 7104(g)) provision.

Category 6: PROGRAM INTEGRITY

A review of the compliance program, service verification, and fraud reporting was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in program integrity were identified:

COMPLIANCE DEFICIENCIES:

CD 6.1.2:

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, e

- e. Provision for a method to verify, by sampling or other methods, whether services that have been represented to have been delivered by network providers were received by beneficiaries and the application of such verification processes on a regular basis.

Findings: The Plan did not provide evidence demonstrating the application of a verification process where services represented to have been delivered by network providers are verified as being received by beneficiaries.

CD 6.3.1

Intergovernmental Agreement Exhibit A, Attachment I, III, BB, 1

1. Service Verification. To assist DHCS in meeting its obligation under 42 CFR 455.1(a)(2), the Contractor shall establish a mechanism to verify whether services were actually furnished to beneficiaries.

Findings: The Plan did not provide evidence demonstrating an established mechanism to verify whether services were actually furnished to beneficiaries.

TECHNICAL ASSISTANCE

The County did not request technical assistance during this review.