



August 23, 2023

THIS LETTER SENT VIA EMAIL TO: [jennifer.yasumoto@countyofnapa.org](mailto:jennifer.yasumoto@countyofnapa.org)

Jennifer Yasumoto, Director  
Napa County Health and Human Services Agency  
2751 Napa Valley Corporate Drive, Building A  
Napa, CA 94558

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS REPORT

Dear Director Yasumoto:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to the requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) and the terms of the Intergovernmental Agreement operated by Napa County.

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

Napa County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) to the Medi-Cal Behavioral Health – Oversight and Monitoring Division (MCBH-OMD), County/Provider Operations and Monitoring Branch (CPOMB) Liaison by 10/23/2023. Please use the enclosed CAP form to submit the completed CAP and supporting documentation via the MOVEit Secure Managed File Transfer System. For instructions on how to submit to the correct MOVEit folder, email [MCBHOMDMonitoring@dhcs.ca.gov](mailto:MCBHOMDMonitoring@dhcs.ca.gov).

If you have any questions, please contact me at [emanuel.hernandez@dhcs.ca.gov](mailto:emanuel.hernandez@dhcs.ca.gov).  
Sincerely,

*Emanuel Hernandez*

Emanuel Hernandez | County Compliance Monitoring II (CCM II) Analyst

Distribution:

To: Director Yasumoto,

Cc: Mateo Hernandez, Audits and Investigations, Contracts and Enrollment Review  
Division Chief  
Catherine Hicks, Audits and Investigations, Behavioral Health Compliance  
Branch Chief  
Ayesha Smith, Audits and Investigations, County Compliance Section Chief  
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief  
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[MCBHOMDMonitoring@dhcs.ca.gov](mailto:MCBHOMDMonitoring@dhcs.ca.gov), County/Provider Operations and  
Monitoring Branch  
Casandra Eslami, Napa County Behavioral Health Director  
Karen McElroy, Napa County Behavioral Health Staff Services Analyst (SSA) II

## COUNTY REVIEW INFORMATION

**County:**  
Napa

**County Contact Name/Title:**  
Karen McElroy, Napa County Behavioral Health SSA II

**County Address:**  
2751 Napa Valley Corporate Drive  
Napa, CA 94558

**County Phone Number/Email:**  
707-253-4267  
karen.mcelroy@countyofnapa.org

**Date of DMC-ODS Implementation:**  
12/15/2017

**Date of Review:**  
6/28/2023

**Lead CCM Analyst:**  
Emanuel Hernandez

**Assisting CCM Analyst:**  
N/A

**Report Prepared by:**  
Emanuel Hernandez

**Report Approved by:**  
Ayesha Smith

## REVIEW SCOPE

- I. Regulations:
  - a. Special Terms and Conditions (STCs) for California Advancing & Innovating Medi-Cal (CalAIM) 1915(b) Waiver
  - b. Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care
  - c. California Code of Regulations, Title 9, Division 4: Department of Drug and Alcohol Programs
  - d. California Health and Safety Code, Chapter 3 of Part 1, Division 10.5: Alcohol and Drug Programs
  - e. California Welfare and Institutions Code, Division 9, Part 3, Chapter 7, sections 14000 et seq., in particular but not limited to sections 14100.2, 14021, 14021.5, 14021.6, 14021.51-14021.53, 14124.20-14124.25, 14043, et seq., 14184.100 et seq. and 14045.10 et seq.: Basic Health Care
  
- II. Program Requirements:
  - a. Fiscal Year (FY) 2021-22 Intergovernmental Agreement (IA)
  - b. Fiscal Year (FY) 2022-23 Intergovernmental Agreement (IA)
  - c. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
  - d. Behavioral Health Information Notices (BHIN)

## **ENTRANCE AND EXIT CONFERENCE SUMMARIES**

### **Entrance Conference:**

An Entrance Conference was conducted via WebEx on 6/28/2023. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, County Compliance Monitoring II (CCM II) Analyst
- Representing Napa County:  
Casandra Eslami, Napa County Behavioral Health Director  
Frank Congine, Napa County Behavioral Health Assistant Deputy Director  
Lourdes Solorio, Napa County Behavioral Health Staff Services Analyst (SSA) II  
Karen McElroy, Napa County Behavioral Health Staff Services Analyst (SSA) II  
Chelsea Stoner, Napa County Specialty Mental Health Clinician II

During the Entrance Conference, the following topics were discussed:

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

### **Exit Conference:**

An Exit Conference was conducted via WebEx on 6/28/2023. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, CCM II Analyst
- Representing Napa County:  
Casandra Eslami, Napa County Behavioral Health Director  
Frank Congine, Napa County Behavioral Health Assistant Deputy Director  
Lourdes Solorio, Napa County Behavioral Health Staff Services Analyst (SSA) II  
Karen McElroy, Napa County Behavioral Health Staff Services Analyst (SSA) II  
Chelsea Stoner, Napa County Specialty Mental Health Clinician II

During the Exit Conference, the following topics were discussed:

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

## SUMMARY OF FY 2022-23 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>	<u>Number of CDs</u>
1.0 Availability of DMC-ODS Services	5
2.0 Coordination of Care Requirements	2
3.0 Quality Assurance and Performance Improvement	6
4.0 Access and Information Requirements	2
5.0 Beneficiary Rights and Protections	0
6.0 Program Integrity	1

## **CORRECTIVE ACTION PLAN (CAP)**

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

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

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

The CPOMB liaison will monitor progress of the CAP completion.

## Category 1: AVAILABILITY OF DMC-ODS SERVICES

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

### COMPLIANCE DEFICIENCIES:

#### **CD 1.1.1:**

##### Intergovernmental Agreement Exhibit A, Attachment I, III, D, 4, i-xiii

4. The following are the mandatory and optional DMC-ODS Covered Services:
- i. Screening, Brief Intervention, Referral to Treatment and Early Intervention (for beneficiaries under age 21) (mandatory)
  - ii. Withdrawal Management Services (a minimum of one level is mandatory)
  - iii. Intensive Outpatient Treatment Services (mandatory)
  - iv. Outpatient Treatment Services (mandatory)
  - v. Narcotic Treatment Programs (mandatory)
  - vi. Recovery Services (mandatory)
  - vii. Care Coordination (mandatory)
  - viii. Clinician Consultation (mandatory)
  - ix. Medications for Addiction Treatment (also known as Medication Assisted Treatment or MAT) This is defined as facilitating access to MAT off-site for beneficiaries while they are receiving DMC-ODS treatment services if not provided on-site. Providing a beneficiary the contact information for a treatment program is insufficient.
  - x. Residential Treatment Services (ASAM levels 3.1, 3.3, and 3.5 shall be made available within the timeframes outlined in Article III Section S.7.v)
  - xi. Partial Hospitalization (Optional)
  - xii. Peer Support Services (Optional)
  - xiii. Inpatient Services ASAM Levels 3.7 and 4.0 (Optional for Contractor to cover as DMC-ODS services; care coordination for ASAM Levels 3.7 and 4.0 delivered through Medi-Cal Fee for Service and Managed Care Plans is required).

**Findings:** The Plan did not provide fully executed current subcontracts with the network providers for each of the following mandatory required covered services not specifically provided by a County owned and operated program, specifically:

- Screening, Brief Intervention, Referral to Treatment and Early Intervention (for beneficiaries under age 21) (mandatory).
- Intensive Outpatient Treatment Services (mandatory).
- Care Coordination (mandatory).
- Clinician Consultation (mandatory).

- Medications for Addiction Treatment (also known as Medication Assisted Treatment or MAT).

**CD 1.2.2:**

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

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

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

- Enrolled with DHCS under applicable state regulations.
- Screened as a “limited” categorical risk within a year prior to serving as a Medical Director.
- Signed a Medicaid provider agreement with DHCS.

**CD 1.3.1:**

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

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

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

- The continuing medical education submitted for calendar year 2021 for Napa County’s physician was not provided. The submission for Karen Relucio MD was for 09/23/2020.

The Plan did not provide the requested evidence to demonstrate physicians from two (2) subcontracted network providers received the annual five (5) hours of continuing medical education in addiction medicine. The Plan did provide one (1) of the requested two (2) completed certified CME’s. The submissions for Aldea, Joseph Shoulders MD, however, did not provide certified accredited CME’s for calendar year 2021.

**CD 1.3.2:**

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

vi. 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 the requested evidence to demonstrate two (2) Napa County's non-physician professional staff (LPHA) received the annual five (5) hours of continuing education units (CEU) in addiction medicine.

The Plan did not provide evidence to demonstrate subcontractor non-physician professional staff (LPHA) received the annual five (5) hours of continuing education units (CEU) in addiction medicine. The request was for Evidence of five (5) CEUs for two (2) Non-Physician LPHAs from **each** of three (3) network providers during calendar year 2021. This is total of six (6) non-physician staff. The Plan made one (1) submission for Aldea, Inc, Jennifer Padilla, however, the training course completion record was for 2022 and the request was for 2021. Additionally, the training on the training record for 2022, did not provide certification or the hours applied for the training as legitimate CEU's.

**CD 1.3.4:**

Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c

c. The Contractor shall ensure that all personnel who provide WM services or who monitor or supervise the provision of such service shall meet additional training requirements set forth in BHIN 21-001 and its accompanying exhibits.

BHIN 21-001

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

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

## Category 2: COORDINATION OF CARE

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

### COMPLIANCE DEFICIENCIES:

#### **CD 2.1.3:**

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

#### 13. Youth Treatment Guidelines

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

#### Adolescent Best Practices Guide

#### 3.1.6 Case Management and Care Coordination

Adolescents are often involved in multiple systems while in or on their path to treatment and throughout their recovery (see Systems Collaboration section for additional information). Effective adolescent services coordinate with the adolescent's family and with professionals from the various systems with which he or she interacts (e.g., mental health, physical health care, education, social services, child welfare, and juvenile justice). Involvement of these professionals, as identified by the team, assists in developing and executing a comprehensive treatment plan. Case managers (e.g., care coordinators) provide continuous support for the adolescents, ensuring there are linkages

**Findings:** The Plan did not provide evidence it ensures Case Managers and Care Coordinators provide continuous support for adolescent clients entering treatment with a system that includes interaction with following services:

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

**CD 2.1.4:**

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

13. Youth Treatment Guidelines

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

Adolescent Best Practices Guide

4.6 Transportation

Access to safe, affordable transportation for adolescents with SUDs can increase their engagement and retention in treatment, aid in accessing other treatment-related services, and assist in achieving treatment and recovery plan goals.

Transportation assistance may be accomplished in a variety of ways, such as provision of public transportation passes; and identification of and access to other community transportation resources (NASADAD, 2014).

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

## **Category 3: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT**

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

### **COMPLIANCE DEFICIENCIES:**

#### **CD 3.1.4:**

Intergovernmental Agreement Exhibit A, Attachment I, III, G, 3, vii

- vii. Have a mechanism in place to ensure that there is consistent application of review criteria for authorization decisions and shall consult with the requesting provider when appropriate.

**Findings:** The Plan did not provide evidence to demonstrate the Plan and subcontracted network providers have a mechanism in place to ensure that there is consistent application of review criteria for authorization decisions and shall consult with the requesting provider when appropriate.

#### **CD 3.1.5:**

Exhibit A, Attachment I, III, G, 3, viii

- viii. Track the number, percentage of denied, and timeliness of requests for authorization for all DMC-ODS services that are submitted, processed, approved, and denied.

**Findings:** The Plan did not provide evidence to demonstrate the Plan and subcontracted network providers have a mechanism to track the number, percentage of denied requests and timeliness of requests for authorizations for all DMC-ODS services submitted, processed, approved and denied.

#### **CD 3.2.1:**

Intergovernmental Agreement Exhibit A, Attachment I, III, RR, 1-2

1. Contractor shall establish an ongoing quality assessment and performance improvement program consistent with Article II.F.1 of this Agreement.
2. The Contractor shall oversee subcontractors' compliance through on-site monitoring reviews and monitoring report submissions to DHCS. The Contractor shall comply with compliance monitoring reviews conducted by DHCS and are responsible to develop and implement CAPs as needed.

**Findings:** The Plan did not provide evidence of an established Quality Assessment and Performance Improvement Plan during FY 2021-22.

**CD 3.2.3:**

Intergovernmental Agreement Exhibit A, Attachment I, III, RR, 5, iii

5. The monitoring of accessibility of services outlined in the Quality Improvement (QI) Plan will at a minimum include:
- iii. Timeliness of services of the first dose of NTP services.

**Findings:** The Plan did not provide evidence to demonstrate monitoring Network providers for accessibility of services as described in a QI Plan, specifically:

- Timeliness of services of the first dose of NTP services.

**CD 3.2.5:**

Intergovernmental Agreement Exhibit A, Attachment I, III, RR, 5, vii

5. The monitoring of accessibility of services outlined in the Quality Improvement (QI) Plan will at a minimum include:
- vii. Coordination of physical and mental health services with waiver services at the provider level.

**Findings:** The Plan did not provide evidence to demonstrate monitoring Network providers for accessibility of services as described in a QI Plan, specifically:

- Coordination of physical and mental health services with wavier services at the provider level.

**CD 3.3.1:**

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

- i. The CalOMS-Tx business rules and requirements are:
  - c. Electronic submission of CalOMS-Tx data shall be submitted by Contractor within 45 days from the end of the last day of the report month.
  - d. Contractor shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (Document 3J) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS-Tx data collection and reporting requirements.
  - e. Contractor shall submit CalOMS-Tx admission, discharge, annual update, resubmissions of records containing errors or in need of correction, and “provider no activity” report records in an electronic format approved by DHCS.
  - f. Contractor shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS identified in (Document 3S) for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.

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

## **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 4.3.2:**

##### **Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 15, i-xiii**

##### **15. Federal Law Requirements:**

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

##### **Intergovernmental Agreement Exhibit A, Attachment, III, CC, 18, i**

##### **18. Subcontract Provisions**

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

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

- Title VI of the Civil Rights Act of 1964, Section 2000d.
- Title IX of the Education Amendments of 1972.
- Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.).
- Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107).
- Age Discrimination in Employment Act (29 CFR Part 1625).
- Title I of the Americans with Disabilities Act (29 CFR Part 1630).
- Americans with Disabilities Act (28 CFR Part 35).
- Title III of the Americans with Disabilities Act (28 CFR Part 36).
- Rehabilitation Act of 1973, as amended (29 USC Section 794).
- Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60).
- Executive Order 13166 (67 FR 41455).
- The Drug Abuse Office and Treatment Act of 1972.
- The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616).

**CD 4.3.3:**

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 16, i-v

16. State Law Requirements:

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

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

18. Subcontract Provisions

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

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

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

## 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 deficiency in program integrity was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 6.3.1**

##### Intergovernmental Agreement Exhibit A, Attachment I, II, B, 1 iv, a-b

- iv. Compliance with applicable laws and conflict of interest safeguards.
  - a. The Contractor shall comply with all applicable Federal and state laws and regulations including:
    - i. Title VI of the Civil Rights Act of 1964.
    - ii. Title IX of the Education Amendments of 1972 (regarding education programs and activities).
    - iii. The Age Discrimination Act of 1975; the Rehabilitation Act of 1973.
    - iv. The Americans with Disabilities Act of 1990 as amended.
    - v. Section 1557 of the Patient Protection and Affordable Care Act.
  - b. The Contractor shall comply with the conflict of interest safeguards described in 42 CFR §438.58 and with the prohibitions described in section 1902(a)(4)(C) of the Act applicable to contracting officers, employees, or independent contractors.

**Findings:** The Plan did not provide evidence to demonstrate Plan and subcontractor compliance with the conflict of interest safeguards described in 42 CFR §438.58 and with the prohibitions described in section 1902(a)(4)(C) of the Act applicable to contracting officers, employees, or independent contractors.

## **TECHNICAL ASSISTANCE**

Napa County did not request technical assistance.