



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

August 21, 2018

Sent via e-mail to: dpierce@marincounty.org

DJ Pierce, OTR/L, MPA
Marin County Behavioral Health and Recovery Services
20 North San Pedro Road
San Rafael, CA 94903

SUBJECT: Fiscal Year (FY) 2017-18 – County Performance Unit Report

Dear Director Pierce,

Enclosed are the results of Marin County's 2017-18 Substance Abuse (SA) Block Grant (BG)¹ State County Contract compliance review. The Department of Health Care Services (DHCS) is responsible for monitoring requirements of the SABG County Contract operated by Marin County.

The County Performance Unit (CPU) within the Performance & Integrity Branch (PIB) of DHCS performed a comprehensive review based on responses to the monitoring instrument, discussion with county staff, supporting documentation and requirements. The enclosed report addresses and/or identifies compliance deficiencies, required corrective actions, advisory recommendations, and referral for technical assistance.

Marin County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 9/21/2018. The CAP must follow the guidelines detailed within the attached report. Please reference the enclosed CAP instructions and e-mail the CAP to the CPU Analyst. Supporting CAP documentation may be e-mailed or mailed to the address listed below. If you have any questions regarding this report or need assistance, please contact the CPU analyst.

Sincerely,

Rotna Simmons
(916) 713-8573
rotna.simmons@dhcs.ca.gov

¹ Title 45 Code of Federal Regulations, Part 96, Subpart L – Substance Abuse Prevention and Treatment Block Grant requirements



**Substance Abuse Block Grant
County Performance Unit Report
Marin County**

Distribution:

To: Director Pierce

CC: Tracie Walker, Performance & Integrity Branch, Chief
Denise Galvez, Policy and Prevention Branch, Chief
Janet Rudnick, Utilization Review Section, Chief
Cynthia Hudgins, Quality Monitoring Section, Supervisor
Susan Jones, County Performance Unit, 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
Danielle Stumpf, Office of Women, Perinatal and Youth Services Unit, Supervisor
Vanessa Machado, Policy and Prevention Branch, Office Technician
Catherine Condon, Marin County Behavioral Health

Date: August 21, 2018

Report Prepared by: *Rotna Simmons, County Performance Analyst*
Manager Approval: *Susan Jones, County Performance Supervisor*

Lead CPU Analyst: Rotna Simmons	Review Date: 6/26/18- 6/28/18
Assisting CPU Analysts: Jennifer Johnson	
County Name: Marin County	Review Period: FY 2017-18
County Address: 20 North San Pedro RD San Rafael, CA 94903	

The Department of Health Care Services (DHCS) is required to provide programmatic, administrative, and fiscal oversight of the statewide Substance Abuse Prevention and Treatment Block Grant (SABG), the State County Contract, and Drug Medi-Cal (DMC) Substance Use Disorder (SUD) services through annual compliance reviews.

This report summarizes the findings of the compliance review conducted by the County Performance Unit (CPU).

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) 2017-18 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 FY 2016-17
 - d. National Culturally and Linguistically Appropriate Services Standards (CLAS)
 - e. Alcohol and Drug Program (ADP) Bulletins
 - f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I, Part I, Section 3, 7, (a-d) each compliance deficiency (CD) and new requirement (NR) 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.

The CAP shall include:

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

The CPU analyst will monitor progress of the CAP completion.

No outstanding CAP(s) from 2016-17

NEW REQUIREMENTS (NR)

Due to a delay in the SABG contract finalization, findings related to the new standards and requirements will not be identified as a compliance deficiency; however, a plan to fulfil the new requirements must be submitted.

SUMMARY OF FY 2017-18 COMPLIANCE DEFICIENCIES (CD's) or (NR's)

Section:	Number of CD's or NR's:
1.0 Administration	1
2.0 SABG Monitoring	0
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
5.0 Primary Prevention	0
6.0 Cultural Competence	0
7.0 CalOMS and DATAR	1
8.0 Privacy and Information Security	0

1.0 ADMINISTRATION

A review of the County's Organizational Chart, subcontracted contracts, and policies and procedures was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards, or protocol requirements were identified:

NEW REQUIREMENTS:

NR 1.14:

State County Contract Exhibit A, Attachment I, Part I, Section 1, C, 5

Contractor and all its subcontractors shall comply with the Minimum Quality Drug treatment Standards for SABG for all Substance Use Disorder (SUD) treatment programs either partially or fully funded by SABG. The Minimum Quality Drug Treatment Standards for SABG are attached to this Contract as Document 2F (b), incorporated by reference. The incorporation of any new Minimum Quality Drug Treatment Standards into this Contract shall not require a formal amendment.

Finding: The Minimum Quality Drug Treatment Standards had not been implemented.

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 7.41.b:

State-County Contract, Exhibit A, Attachment I, Part III, B, 3, 5, 6 and D, 3

B(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.

B(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.

B(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.

D(3) 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 and its provider’s annual updates or client discharges for beneficiaries in treatment over one year were not submitted for Fiscal Year 17/18.

10.0 TECHNICAL ASSISTANCE

The County did not request any technical assistance during this review.



JENNIFER KENT
DIRECTOR

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



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DJ Pierce, OTR/L, MPA
Marin County Behavioral Health and Recovery Services
20 North San Pedro Road
San Rafael, CA 94903

SUBJECT: Fiscal Year (FY) 2017-18 – County Performance Unit Report

Dear Director Pierce,

Enclosed are the results of Marin County's 2017-18 Drug Medi-Cal Organized Delivery System (DMC-ODS) Contract compliance review. The Department of Health Care Services (DHCS) is responsible for monitoring requirements of the DMC-ODS Waiver and the terms of the Intergovernmental Agreement operated by Marin County.

The County Performance Unit (CPU) within the Performance & Integrity Branch (PIB) of DHCS performed a comprehensive review based on responses to the monitoring instrument, discussion with county staff, supporting documentation and requirements. The enclosed report addresses and/or identifies compliance deficiencies, required corrective actions, advisory recommendations, and referral for technical assistance.

Marin County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 9/21/2018. The CAP must follow the guidelines detailed within the attached report. Please reference the enclosed CAP instructions and e-mail the CAP to the CPU Analyst. Supporting CAP documentation may be e-mailed or mailed to the address listed below. If you have any questions regarding this report or need assistance, please contact the CPU analyst.

Sincerely,

Rotna Simmons
(916) 713-8573
Rotna.Simmons@dhcs.ca.gov

Substance Use Disorder
Program, Policy and Fiscal Division
County Performance Unit
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Sacramento, CA 95814
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Drug Medi-Cal Organized Delivery System
County Performance Unit Report
Marin County

Distribution:

To: Director Pierce

CC: Don Braeger, Substance Use Disorders - Program, Policy and Fiscal Division, Division Chief
Tracie Walker, Performance & Integrity Branch, Chief
Denise Galvez, Policy and Prevention Branch, Chief
Cynthia Hudgins, Quality Monitoring Section, Chief
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Date: August 21, 2018

Report Prepared by: *Rotna Simmons, County Performance Unit Analyst*
Manager Approval: *Susan Jones, County Performance Unit Supervisor*

Lead CPU Analyst: Rotna Simmons Assisting CPU Analyst : Jennifer Johnson	Review Date: 6/26/18- 6/28/18
County Name: Marin County County Address: 20 North San Pedro RD San Rafael, CA 94903	Review Period: FY 2017-18

The Department of Health Care Services (DHCS) is required to provide programmatic, administrative, and fiscal oversight of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Disorder (SUD) services through annual compliance reviews.

This report summarizes the findings of the compliance review conducted by the County Performance Unit (CPU).

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) 2017-18 Intergovernmental Agreement (IA)
 - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

CORRECTIVE ACTION PLAN

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part II, Section EE, 2 each compliance deficiency (CD) and new requirement (NR) 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.

The CAP shall include:

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

The CPU analyst will monitor progress of the CAP completion.

SUMMARY OF FY 2017-18 COMPLIANCE DEFICIENCIES (CD's or NR's)

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

4.0 ACCESS

The following new requirements in Access regulations, standards, or protocol requirements must be implemented

NR 4.28:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 5. a. i – ii.

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.*

Finding: The Plan has not revised their policy and procedure to include updates from MHSUDS INFORMATION NOTICE NO.: 18-019 issued on April 24, 2018. The notice addresses credentialing and re-credentialing of network providers.

6.0 GRIEVANCE, APPEAL, AND FAIR HEARING PROCESS

The following new requirements in Grievance, Appeal, and Fair Hearing regulations, standards, or protocol requirements must be implemented:

NR 6.43:

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.*

MHSUDS Information Notice 18-010, Enclosures 1 - 14

Federal Grievance and Appeal System Requirements with Revised Beneficiary Notice Templates

Finding: The Plan's notices are illegible.

- a. Incorrect NAR Your Rights Attachment.
- b. The Language Assistance Taglines for Tagalog, Chinese and Farsi.

10.0 TECHNICAL ASSISTANCE

The County did not request any technical assistance during this review.