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

JENNIFER KENT
DIRECTOR

GAVIN NEWSOM
GOVERNOR

March 8, 2019

Sent via e-mail to: Erik.riera@santacruzcounty.us

Erik Riera, Director
County of Santa Cruz Health Services Agency
1400 Emeline Ave
Santa Cruz, CA 95060

SUBJECT: Annual County Performance Unit Report

Dear Director Riera:

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

Santa Cruz County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 4/8/2019. 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,

Becky Counter
(916) 713-8567
becky.counter@dhcs.ca.gov

Distribution:

To: Director Riera

CC: Tracie Walker, Performance & Integrity Branch, Chief
Sandi Snelgrove, Policy and Prevention, 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
Tiffiny Stover, Postservice Postpayment Unit I, Supervisor
Eric Painter, Postservice Postpayment Unit II, Supervisor
Vanessa Machado, Policy and Prevention Branch, Office Technician
Shaina Zurlin, Santa Cruz County Chief of Substance Use Disorder Services

Lead CPU Analyst: Becky Counter **Assisting CPU Analyst(s):** Jennifer Johnson Austin Trujillo	**Date of Review:** 12/11/2018 - 12/13/2018
County: Santa Cruz	**County Address:** 1400 Emeline Ave Santa Cruz, CA 95060
County Contact Name/Title: Shaina Zurlin, Chief of SUD Services	**County Phone Number/Email:** 831-454-4050 Shaina.zurlin@santacruzcounty.us
Report Prepared by: Becky Counter	**Report Approved by:** Susan Jones

REVIEW SCOPE

I. Regulations:
   a. 22 CCR § 51341.1 – Drug Medi-Cal Substance Use Disorder Services
   b. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
   c. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block
   d. 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 1400 Emeline Ave, Santa Cruz on12/11/2018. The following individuals were present:

- Representing DHCS:
  Becky Counter, AGPA
  Jennifer Johnson, AGPA
  Austin Trujillo, AGPA

- Representing Santa Cruz County:
  Sarah Gaytia, Analyst
  Lynn Harrison, Program Manager
  Cybele Lolley, UR Specialist
  Brenda Armstrong, Program Manager
  Michelle Sapena, Analyst
  Karolin Schwartz, QI Manager
  Erik Riera, BH Director
  Lisa Todd, Sr. Admin Analyst
  Vanessa de la Cruz, Chief of Psychiatry
  Shaina Zurlin, Chief of SUDS

During the Entrance Conference the following topics were discussed:

- DHCS provided an overview of the monitoring purpose and process
- Reviewed the site review agenda

Exit Conference:
An exit conference was conducted at 1400 Emeline Ave, Santa Cruz on 12/13/2018. The following individuals were present:

- Representing DHCS:
  Becky Counter, AGPA
  Jennifer Johnson, AGPA
  Austin Trujillo, AGPA

- Representing Santa Cruz County:
  Brenda Armstrong, Program Manager
  Vanessa de la Cruz, DMC ODS Medical Director
  Lisa Todd, Sr. Admin Analyst
  Michelle Sapena, Analyst
  Sarah Gaytia, Analyst
  Karolin Schwartz, QI Program Manager
  Lynn Harrison, Program Manager
  Erik Riera, Director
  Shaina Zurlin, Chief of SUDS
  Cybele Lolley, QI UR Specialist

During the Exit Conference the following topics were discussed:

- DHCS reviewed compliance deficiencies
- Discussed recommendations

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	2
2.0 SABG Monitoring	2
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
5.0 Primary Prevention	0
6.0 Cultural Competence	0
7.0 CalOMS and DATAR	2
8.0 Privacy and Information Security	0

PREVIOUS CAPs

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

2014-15:

CD # 9:

The County is responsible for ensuring records have been discharged appropriately, or receive annual updates based on the guidelines outlined in the data compliance standards. During the monitoring review, it was determined that the County has not been discharging clients or completing annual updates for individuals who have been admitted for over a year.

County's response:
5/8/18 - The County is engaged in a multi-step plan to clear all CalOMS issues by 7/1/18. This includes examining the annual updates report, collaborating with providers to make necessary changes, resubmitting the data, and reexamining the report until all data issues are cleared. This cycle has been completed several times during the fiscal year, with success in cleaning up many hundreds of issues. The County will continue to conduct the cycle until all CalOMS data is accurate.
12/11/18- Santa Cruz County currently has 15 pages of Open Admissions and indicated they will be in complete compliance by1/31/19.

2015-16:

CD # 10:

The County is responsible for ensuring records have been discharged appropriately, or receive annual updates based on the guidelines outlined in the data compliance standards. During the monitoring review, it was determined that the County has not been discharging clients or completing annual updates for individuals who have been admitted for over a year.

County's response:

5/8/18 - The County is engaged in a multi-step plan to clear all CalOMS issues by 7/1/18. This includes examining the annual updates report, collaborating with providers to make necessary changes, resubmitting the data, and reexamining the report until all data issues are cleared. This cycle has been completed several times during the fiscal year, with success in cleaning up many hundreds of issues. The County will continue to conduct the cycle until all CalOMS data is accurate.
12/11/18 - Santa Cruz County currently has 15 pages of Open Admissions and indicated that they will be in complete compliance by 1/31/19.

2016-17:

CD 3.25.d:

The County did not submit DMC utilization reviews to DHCS within two weeks of report issuance.

County's response:

5/8/18 - To address this issue, the County submitted summaries in all annual reviews to SUDCountyReports@dhcs.ca.gov in accordance with Exhibit A, Attachment I, Section B. The County is submitting policy 3422, the provider review calendar for 2017 and the utilization review calendar for 2018, as well as level of care specific review tools that include chart monitoring.
12/11/18 - Santa Cruz County's updated expected date of completion is 5/31/19.

CD 10.57.d.:

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

County's response:

5/8/18 - The County is engaged in a multi-step plan to clear all annual update issues by 7/1/18. This includes examining the annual updates report, collaborating with providers to make necessary changes, resubmitting the data, and reexamining the report until all data issues are cleared. This cycle has been completed several times during the fiscal year, with success in cleaning up many hundreds of issues. The County will continue to conduct the cycle until all data is accurate.
12/11/18 - Santa Cruz County currently has 15 pages of Open Admissions and has an expected date of completion by 1/31/19.

2017-18:

CD 2.21:

The County did not submit all required SABG fiscal monitoring reports to DHCS within two weeks of report issuance.

County's response:

5/8/18 - The County has hired a full time Quality Assurance Specialist to support compliance with monitoring and auditing.
12/11/18 - Santa Cruz County submitted programmatic reviews within the timeline required, yet has not submitted fiscal reviews as required. The County indicated that the expected date of completion will be 5/31/19.

CD 7.41.a.:

The County and its providers did not report any CalOMS Tx data, and did not generate a Provider No Activity (PNA) report.

County's response:

5/8/18 - The County is engaged in a multi-step plan to clear all CalOMS issues by 7/1/18. This includes examining the annual updates report, collaborating with providers to make necessary changes, resubmitting the data, and reexamining the report until all data issues are cleared. This cycle has been completed several times during the fiscal year, with success in cleaning up many hundreds of issues. The County will continue to conduct the cycle until all CalOMS data is accurate.
12/11/18 -Santa Cruz County submitted an Existing Provider Update Form to alter the facility type status of provider not reporting data which will resolve the current deficiency. The County indicated that the expected date of completion will be 1/31/19.

CD 7.41.b.:

The County is responsible for ensuring records have been discharged appropriately, or receive annual updates based on the guidelines outlined in the data compliance standards. During the monitoring review, it was determined that the County has not been discharging clients or completing annual updates for individuals who have been admitted for over a year.

County's response:

5/8/18 - The County is engaged in a multi-step plan to clear all annual update issues by 7/1/18. This includes examining the annual updates report, collaborating with providers to make necessary changes, resubmitting the data, and reexamining the report until all data issues are cleared. This cycle has been completed several times during the fiscal year, with success in cleaning up many hundreds of issues. The County will continue to conduct the cycle until all data is accurate.
12/11/18 - Santa Cruz County currently has 15 pages of Open Admissions and has an expected date of completion by 1/31/19.

CORRECTIVE ACTION PLAN

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

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

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

The CPU analyst will monitor progress of the CAP completion.

1.0 ADMINISTRATION

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

COMPLIANCE DEFICIENCIES:

CD 1.5:

SABG State-County Contract Exhibit A, Attachment I AI, Part II, B
Hatch Act: 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.

SABG State-County Contract Exhibit A, Attachment I AI, Part II, Y
Subcontract Provisions: Contractor shall include all of the foregoing Part II general provisions in all of its subcontracts.

Finding: The County did not demonstrate County and subcontractor staff compliance with the Hatch Act.

CD 1.6:

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

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

2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.9:

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

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

Finding: The County did not monitor 5 of 5 County providers for all SABG fiscal requirements.

CD 2.10:

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 have all SABG program requirements within their monitoring tool. The following criteria was missing:

- Minimum Quality Drug Treatment Standards 2F(b)

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.a:

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 provider report is not current.

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.

10.0 TECHNICAL ASSISTANCE

Santa Cruz County did not request SABG technical assistance during this fiscal year.

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

JENNIFER KENT
DIRECTOR

GAVIN NEWSOM
GOVERNOR

March 8, 2019

Sent via e-mail to: Erik.Riera@santacruzcounty.us

Erik Riera, Behavioral Health Director
Santa Cruz County Mental Health Services
1400 Emeline Avenue
Santa Cruz, CA 95060

SUBJECT: Annual County Performance Unit Report

Dear Director Riera:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to the requirements of the DMC-ODS Waiver and the terms of the Intergovernmental Agreement operated by Santa Cruz 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 Intergovernmental Agreement (IA) requirements based on responses to the monitoring instrument, discussion with county staff, and supporting documentation provided by the County.

Enclosed are the results of Santa Cruz County's 2018-19 Drug Medi-Cal Organized Delivery System (DMC-ODS) IA compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Santa Cruz County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 4/8/2019. 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,

Jennifer Johnson
(916) 713-8635
jennifer.johnson@dhcs.ca.gov

Distribution:

To: Director Riera

CC: Don Braeger, Substance Use Disorders - Program, Policy and Fiscal Division, Chief
Tracie Walker, Performance & Integrity Branch, Chief
Sandi Snelgrove, Policy and Prevention Branch, Chief
Cynthia Hudgins, Quality Monitoring Section, Chief
Janet Rudnick, Utilization Review Section, Chief
Susan Jones, County Performance Unit, Supervisor
Tianna Hammock, Drug Medi-Cal Monitoring Unit I, Supervisor
Stephanie Quok, Drug Medi-Cal Monitoring Unit II, Supervisor
Tiffiny Stover, Postservice Postpayment Unit I, Supervisor
Eric Painter, Postservice Postpayment Unit II, Supervisor
Vanessa Machado, Policy and Prevention Branch, Office Technician
Shaina Zurlin, Chief of SUD Services, Santa Cruz County

Lead CPU Analyst: Jennifer Johnson **Assisting CPU Analyst(s):** Becky Counter Austin Trujillo	**Date of Review:** 12/11/2018 -12/13/2018
County: Santa Cruz	**County Address:** 1400 Emeline Avenue Santa Cruz, CA 95060
County Contact Name/Title: Shaina Zurlin, LCSW Chief of Substance Use Disorder Services	**County Phone Number/Email:** (831) 454-4050 Shaina.zurlin@santacruzcounty.us
Report Prepared by: Jennifer Johnson	**Report Approved by:** Susan Jones

REVIEW SCOPE

I. Regulations:
   a. Special Terms and Conditions (STCs) for California's Medi-Cal 2020 section 1115(a) Medicaid Demonstration STC, Part X: Drug Medi-Cal Organized Delivery System
   b. 42 CFR; Chapter IV, Subchapter C, Part 438; §438.1 through 438.930: Managed Care

II. Program Requirements:
   a. State Fiscal Year (SFY) 2018-19 Intergovernmental Agreement (IA)
   b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:
An entrance conference was conducted at 1400 Emeline Avenue Santa Cruz, CA 95060 on 12/11/2018. The following individuals were present:

- Representing DHCS:
  Jennifer Johnson, AGPA
  Becky Counter, AGPA
  Austin Trujillo, AGPA

- Representing Santa Cruz County:
  Sarah Gaytia, Analyst
  Lynn Harrison, Program Manager
  Cybele Lolley, UR Specialist
  Brenda Armstrong, Program Manager
  Michelle Sapena, Analyst
  Karolin Schwartz, QI Manager
  Erik Riera, BH Director
  Lisa Todd, Sr. Admin Analyst
  Vanessa de la Cruz, Chief of Psychiatry
  Shaina Zurlin, Chief of SUDS

During the entrance conference the following topics were discussed:

- Overview of the monitoring purpose and process
- Site review agenda

Exit Conference:
An exit conference was conducted at 1400 Emeline Avenue Santa Cruz, CA 95060 on 12/13/2018. The following individuals were present:

- Representing DHCS:
  Jennifer Johnson, AGPA
  Becky Counter, AGPA
  Austin Trujillo, AGPA

- Representing Santa Cruz County:
  Brenda Armstrong, Program Manager
  Vanessa de la Cruz, DMC ODS Medical Director
  Lisa Todd, Sr. Admin Analyst
  Michelle Sapena, Analyst
  Sarah Gaytia, Analyst
  Karolin Schwartz, QI Program Manager
  Lynn Harrison, Program Manager
  Erik Riera, Director
  Shaina Zurlin, Chief of SUDS
  Cybele Lolley, QI/UR Specialist

During the exit conference the following topics were discussed:

- Compliance deficiencies
- Recommendations

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

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

PREVIOUS CAPs

During the SFY 2018-19 review, the following CAP(s) with CD(s) were discussed and are still outstanding.

The Plan has no outstanding CAP(s).

CORRECTIVE ACTION PLAN

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

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

a) A statement of the compliance deficiency (CD) and new requirement (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.

1.0 ADMINISTRATION

A review of the administrative trainings, policies, and procedures was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in administration requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 1.5:

Intergovernmental Agreement Exhibit A, Attachment I, III, GG, 3, ii. a.

ii. The Contractor shall require subcontractors to be trained in the ASAM Criteria prior to providing services.

a. The Contractor shall ensure that, at a minimum, providers and staff conducting assessments are required to complete the two e-Training modules entitled “ASAM Multidimensional Assessment” and “From Assessment to Service Planning and Level of Care”. A third module entitled, “Introduction to The ASAM Criteria” is recommended for all county and provider staff participating in the Waiver. With assistance from the state, counties will facilitate ASAM provider trainings.

Finding: The Plan did not demonstrate they ensure providers and staff conducting ASAM assessments complete ASAM training annually.

6.0 GRIEVANCE, APPEAL, AND FAIR HEARING

The following deficiencies in grievance, appeal, and fair hearing regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 6.38:

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, ii, b.

i. 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 - 16

Finding: The following templates the Plan provided do not match the DHCS developed notice template(s):

- Modification Notice
- Termination Notice

7.0 QUALITY

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

COMPLIANCE DEFICIENCIES:

CD 7.43:

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 9

9. The Contractor shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs. Monitoring shall occur at least annually.

Finding: Evidence was not found of the Plan monitoring the safety and effectiveness of medication practices annually. The Plan described conducting "visual" checks with no follow-up report of findings documented.

CD 7.49:

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 10-11.

10. The Contractor shall maintain a minimum of two active Performance Improvement Projects (PIPs) that meet the criteria in 42 CFR 438.240(b)(1) and (d). Performance improvement projects shall focus on a clinical area, as well as one non-clinical area.
11. PIPs shall:
    i. Measure performance using required quality indicators.
    ii. Implement system interventions to achieve improvement in quality.
    iii. Evaluate the effectiveness of interventions.
    iv. Plan and initiate activities for increasing or sustaining improvement.

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 13.

13. Each PIP shall be completed in a reasonable time period so as to generally allow information on the success of PIPs in the aggregate to produce new information on quality of care annually.

Finding: The Plan does not currently have two active Performance Improvement Projects (PIP).

8.0 PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCIES:

CD 8.58:

Intergovernmental Agreement Exhibit A, Attachment I, III. PP, 4, 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, 5, 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 does not ensure that all program Medical Directors are aware of and are meeting their responsibilities.

CD 8.59:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 4, i, c.

i. The substance use disorder medical director's responsibilities shall at a minimum include all of the following:
   c. Develop and implement medical policies and standards for the provider.

Finding: The Plan does not ensure program Medical Directors develop medical policies and standards.