



May 15, 2023

THIS LETTER SENT VIA EMAIL TO: QuistR@SacCounty.gov

Ryan Quist, Deputy Director
Sacramento County Department of Health Services
7001 A-East Parkway, Suite 400
Sacramento, CA 95823

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS REPORT

Dear Deputy Director Quist:

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 Sacramento County.

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

Sacramento 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 7/14/2023. 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.

If you have any questions, please contact me at susan.volmer@dhcs.ca.gov.

Sincerely,

Susan Volmer | Compliance Monitoring II Analyst

Distribution:

To: Deputy Director Quist,

Cc: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
Catherine Hicks, Audits and Investigations, Behavioral Health Compliance Section Chief
Ayesha Smith, Audits and Investigations, Behavioral Health Compliance Unit Chief
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief
Cindy Berger, Audits and Investigations, Provider Compliance Unit Chief
Sergio Lopez, County/Provider Operations Monitoring Section I Chief
Tony Nguyen, County/Provider Operations Monitoring Section II Chief
MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Edward Dziuk, Sacramento County Health Program Manager SUPT

COUNTY REVIEW INFORMATION

County:
Sacramento

County Contact Name/Title:
Edward Dziuk/Health Program Manager, SUPT

County Address:
7001 A-East Parkway
Sacramento, CA 95823

County Phone Number/Email:
916-875-2057
dziuked@saccounty.gov

Date of DMC-ODS Implementation:
7/1/2019

Date of Review:
3/28/2023

Lead CCM Analyst:
Susan Volmer

Assisting CCM Analyst:
N/A

Report Prepared by:
Susan Volmer

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 3/28/2023. The following individuals were present:

- Representing DHCS:
Susan Volmer, County Compliance Monitoring II (CCM II) Analyst
- Representing Sacramento County:
Ed Dziuk, Health Program Manager, SUPT
Ryan Quist, Deputy Director
Colleen Mahlman, Mental Health Program Coordinator
Dawn Williams, Health Program Manager
Talia Isbell, Administrative Services Officer II
Michelle Besse, Clinical Health Program Manager
Alex Rechs, Health Program Manager, Quality Management
Kelsey Parker, LMFT Mental Health Program Coordinator, SUPT
Barbara Hale, Program Coordinator
Rhonda Pregano, Administrative Services Officer II
Briana O'Daniel, Mental Health Program Coordinator, SUPT
Melissa Viscarra, Mental Health Program Coordinator, SUPT
James Her, Mental Health Program Coordinator

During the Entrance Conference, the following topics were discussed:

- Introductions
- DHCS overview of review process
- Plan overview of services provided

Exit Conference:

An Exit Conference was conducted via WebEx on 3/28/2023. The following individuals were present:

- Representing DHCS:
Susan Volmer, County Compliance Monitoring II Analyst (CCM II)
- Representing Sacramento County:
Ed Dziuk, Health Program Manager, SUPT
Colleen Mahlman, Mental Health Program Coordinator
Dawn Williams, Health Program Manager
Talia Isbell, Administrative Services Officer II
Michelle Besse, Clinical Health Program Manager
Alex Rechs, Health Program Manager, Quality Management
Kelsey Parker, LMFT Mental Health Program Coordinator, SUPT
Barbara Hale, Program Coordinator
Rhonda Pregano, Administrative Services Officer II
Briana O'Daniel, Mental Health Program Coordinator, SUPT
Melissa Viscarra, Mental Health Program Coordinator, SUPT
James Her, Mental Health Program Coordinator

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	6
2.0 Coordination of Care Requirements	1
3.0 Quality Assurance and Performance Improvement	2
4.0 Access and Information Requirements	4
5.0 Beneficiary Rights and Protections	1
6.0 Program Integrity	0

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 1.2.2:

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 1.2.3:

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

- i. The Contractor shall implement written policies and procedures for selection and retention of network providers and the implemented 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, outlined in DHCS Information Notice 18-019.
 - ii. The Contractor shall follow a documented process for credentialing and re-credentialing of network providers.

MHSUDS Information Notice: 18-019 CREDENTIALING POLICY 2018

For all licensed, waived, registered and/or certified providers, the Plan must verify and document the following items through a primary source, 5 as applicable. The listed requirements are not applicable to all provider types. When applicable to the provider type, the information must be verified by the Plan unless the Plan can demonstrate the

required information has been previously verified by the applicable licensing, certification and/or registration board.

1. The appropriate license and/or board certification or registration, as required for the particular provider type;
2. Evidence of graduation or completion of any required education, as required for the particular provider type;
3. Proof of completion of any relevant medical residency and/or specialty training, as required for the particular provider type; and
4. Satisfaction of any applicable continuing education requirements, as required for the particular provider type.

In addition, Plans must verify and document the following information from each network provider, as applicable, but need not verify this information through a primary source:

1. Work history;
2. Hospital and clinic privileges in good standing;
3. History of any suspension or curtailment of hospital and clinic privileges;
4. Current Drug Enforcement Administration identification number;
5. National Provider Identifier number;
6. Current malpractice insurance in an adequate amount, as required for the particular provider type;
7. History of liability claims against the provider;
8. Provider information, if any, entered in the National Practitioner Data Bank, when applicable. See <https://www.npdb.hrsa.gov/>;
9. History of sanctions from participating in Medicare and/or Medicaid/Medi-Cal: providers terminated from either Medicare or Medi-Cal, or on the Suspended and Ineligible Provider List, may not participate in the Plan's provider network. This list is available at: <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>; and
10. History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards.

Provider Re-credentialing

DHCS requires each Plan to verify and document at a minimum every three years that each network provider that delivers covered services continues to possess valid credentials, including verification of each of the credentialing requirements listed above.

42 CFR §438.214

Findings: The Plan did provide evidence to demonstrate implemented policies and procedures for the selection and retention of network providers. However, the policies and procedures are missing the following elements:

- Hospital and clinic privileges in good standing;
- History of any suspension or curtailment of hospital and clinic privileges; and
- The Plan verifies and documents credentials every three (3) years.

CD 1.2.4:

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

- i. The Contractor shall implement written policies and procedures for selection and retention of network providers and the implemented 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, outlined in DHCS Information Notice 18-019.
 - ii. The Contractor shall follow a documented process for credentialing and re-credentialing of network providers

MHSUDS Information Notice: 18-019

Attestation

For all network providers who deliver covered services, each provider's application to contract with the Plan must include a signed and dated statement attesting to the following:

1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
2. A history of loss of license or felony conviction;
3. A history of loss or limitation of privileges or disciplinary activity;
4. A lack of present illegal drug use; and
5. The application's accuracy and completeness.

42 CFR §438.214

Findings: The Plan did not provide evidence to demonstrate all network providers who deliver covered services sign and date a written attestation regarding their credentials.

The Plan did not provide the requested evidence to demonstrate the completion of five (5) credentialing attestations for licensed providers employed by subcontractors.

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 provided evidence from only one (1) of two (2) requested subcontracted network physicians for the annual required five (5) hours of continuing medical education in addiction medicine.

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 provided the requested six (6) sets for five (5) hours of annual continuing education units (CEU) in addiction medicine. However:

- The continuing education units (CEU) submitted for Katelyn Sharp of Core Medical were not completed during calendar year 2021, as requested.

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 deficiency in the coordination of care requirements was identified:

COMPLIANCE DEFICIENCY:

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 3.2.4:

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

5. The monitoring of accessibility of services outlined in the Quality Improvement (QI) Plan will at a minimum include:
 - iv. Access to after-hours care.

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

- Access to after-hours care.

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 4.1.2:

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

1. The Contractor shall notify the Department of the termination of any subcontract with a certified provider, and the basis for termination of the subcontract, within two business days. The Contractor shall submit the notification using a Secure Managed File Transfer system specified by DHCS.

Findings: The Plan did not provide evidence to demonstrate a process to notify DHCS within two (2) business days regarding the termination, and the basis for the termination of a subcontract with a certified provider.

CD 4.2.2:

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

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

Findings: The Plan did not provide evidence to demonstrate prospective beneficiaries calling the 24/7 toll free number received information to access DMC-ODS services.

A minimum of two test calls were conducted for the Plan's 24/7 toll free number posted on the County's website. The responses to the test calls resulted in a barrier to access DMC-ODS services for prospective beneficiaries calling.

The test calls are summarized below.

Test Call 1:

This call was at 2:25 pm on 3/27/23. The phone number was accessed through the DHS website: 888-881-4881. Aisha from Sacramento County answered the access line promptly and was asked by caller how to obtain substance abuse services.

She asked if the client seeking treatment or services was a resident of Sacramento County. Upon confirmation of County residency, phone operator responded with

information about services available (residential and outpatient) and that an initial phone assessment would need to be conducted. There was also a facility name and address given for walk in services. This call was in compliance.

Test Call 2:

Call 2 was made at 9:50 pm on 3/27/23 through phone number 1-888-881-4881. Kathryn from Systems of Care after hours line answered promptly and asked if an interpreter was needed. Caller stated services were being requested for an IV drug user in an urgent situation. Kathryn stated that someone would be able to assist during 8 to 5 business hours and referred the caller to a Warm Line. (1-855-845-7415) Caller again questioned if they could obtain assistance with detox services or receive any information on service accessibility. No further information or resources were given to the caller. This call represented a barrier to access and therefore is out of compliance.

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
- v. used by the Contractor, or its subcontractors, to provide direct, immediate, or substantial support to any religious activity.

- vi. 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 5: BENEFICIARY RIGHTS AND PROTECTIONS

A review of the grievance and appeals was conducted to ensure compliance with applicable regulations and standards. The following deficiency in beneficiary rights and protections for regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 5.2.3:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 7, i-ii

7. Grievance and Appeal Systems (42 CFR §438.228).

- i. The Contractor shall have in effect, a grievance and appeal system that meets the requirements outlined in Article II.G of this Agreement.
- ii. The Contractor shall be responsible for issuing any NOABD under 42 CFR Part 431, subpart E. The Department shall conduct random reviews of the Contractor and its providers and subcontractors to ensure that they are notifying beneficiaries in a timely manner.

MHSUDS Information Notice 18-010E

Findings: The Plan did not provide evidence to demonstrate compliance with the documentation requirements for each grievance and appeal, specifically:

- Disposition/Resolution Letter;
- Corresponding NOABD if applicable; and
- Provider notification of the grievance, appeal, expedited appeal results.

TECHNICAL ASSISTANCE

Sacramento County did not request technical assistance during this review: