



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

August 2, 2022

Sent via e-mail to: scollard@co.siskiyou.ca.us

Sarah Collard, Ph.D., Director
Siskiyou County Health and Human Services Agency
2060 Campus Drive
Yreka, CA 96097

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Collard:

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

The County Compliance Unit (CCU) within the Audits and Investigations Division (A&I) of DHCS conducted a review of the County's compliance with contract requirements based on responses to the monitoring instrument, discussion with county staff, and supporting documentation provided by the County.

Enclosed are the results of Siskiyou County's State Fiscal Year 2021-22 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Siskiyou County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) noted to the Medi-Cal Behavioral Health Division (MCBHD), Plan and Network Monitoring Branch (PNMB), County/Provider Operation and Monitoring Branch (CPOMB) Analyst by 10/03/2022. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CPOMB liaison at MCBHDMonitoring@dhcs.ca.gov.

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

Sincerely,

Michael Bivians
(916) 713-8966

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
1500 Capitol Ave., MS 2305
Sacramento, CA 95814
<http://www.dhcs.ca.gov>

Distribution:

To: Director Collard,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
Lanette Castleman, 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
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Toby Reusze, Siskiyou County AOD Administrator
Wendy Millis, Partnership HealthPlan of California, PHC Wellness and Recovery Program,
Program Manager I
Nicole Talley, Partnership HealthPlan of California, Behavioral Health Senior Program
Manager

COUNTY REVIEW INFORMATION

County:

Siskiyou

County Contact Name/Title:

Toby Reusze, Program Manager

County Address:

2060 Campus Drive
Yreka, CA 96097

County Phone Number/Email:

(530) 841-4789
treusze@co.siskiyou.ca.us

Date of DMC-ODS Implementation:

7/1/2020

Date of Review:

6/6/2022

Lead CCU Analyst:

Michael Bivians

Assisting CCU Analyst:

Susan Volmer

Report Prepared by:

Michael Bivians

Report Approved by:

Ayesha Smith

REVIEW SCOPE

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

- II. Program Requirements:
 - a. Fiscal Year (FY) 2020-21 Intergovernmental Agreement (IA)
 - b. Fiscal Year (FY) 2021-22 Intergovernmental Agreement (IA)
 - c. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
 - d. Behavioral Health Information Notices (BHIN)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An Entrance Conference was conducted via WebEx on 6/6/2022. The following individuals were present:

- Representing DHCS:
Michael Bivians, County Compliance Monitoring II (CCM II) Chief
Susan Volmer, CCM II Analyst
Katrina Beedy, CCM II Analyst
Becky Counter, CCM II Analyst
Emanuel Hernandez, CCM II Analyst
Ayesha Smith, County Compliance Unit (CCU) Chief
Kathryn Sears, County/Provider Operations and Monitoring (CPOM) Unit 1 Chief
Jamie Saunders, CPOM Unit 2 Chief
Michael Ulibarri, CPOM Unit 3 Chief
Rachel Biron, CPOM Unit 4 Chief
Jamie Saunders, CPOM Unit 2 Chief
Kionna Howard, CPOM Unit 2 Liaison
Cassandra Queen, CPOM Unit 3 Liaison
Cristina Whitlock, CPOM Unit 3 Liaison
Alexandra Clark, CPOM Unit 4 Liaison
Sam Iliff, County/Provider Operations and Implementation (CPOI) Unit 2, Health Program Specialist I (HPS I)
- Representing Regional Model Plan and Participating Counties:
Wendy Millis, Partnership HealthPlan of California (PHC), Wellness and Recovery Program, Program Manager I
Nicole Talley, PHC, Behavioral Health Senior Program Manager
Mark Bontrager, PHC, Behavioral Health Administrator
Emi Botzler-Rodgers, Humboldt County Behavioral Health Director
Raena West, Humboldt County Senior Program Manager, SUD Administrator
Stacy Reyes, Humboldt County Staff Services Analyst II, DHHS Quality Management Services
Kayleigh Emry, Humboldt County Quality Management Coordinator, Behavioral Health Compliance Officer
Melissa Chilton, Humboldt County Budget Specialist
Naoko Rivera, Humboldt County Fiscal Officer, Claims Data Management
Elvira Schwartz, Humboldt County, Program Manager
Barbara Longo, Lassen County, Health and Social Service Director
Tiffany Armstrong, Lassen County Director of Behavioral Health
Nicole Johnson, Lassen County Prevention Program Manager
Jenine Miller, Mendocino County Director of Behavioral Health and Recovery Services
Jill Ales, Mendocino County Behavioral Health and Recovery Services Program Manager
Lili Chavoya, Mendocino County Behavioral Health and Recovery Services Administrative Secretary
Barbie Svendsen, Mendocino County Behavioral Health and Recovery Services Administrator
Michael Traverso, Modoc County Behavioral Health Branch Director
Katie Cassidy, Shasta County Adult Services, Program Manager

Sarah Collard, Siskiyou County Health and Human Services Agency Director
Toby Reusze, Siskiyou County Alcohol and Drug Administrator
Dee Barton, Siskiyou County Compliance and Quality Management Analyst
Emery Cowan, Solano County Behavioral Health Deputy Director
Kate Grammy, Solano County Behavioral Health Services Administrator
Judeth Greco-Gregory, Solano County Mental Health Clinical Supervisor
Rob George, Solano County Mental Health Services Senior Manager

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of review process
- PHC overview of services provided

Exit Conference:

An Exit Conference was conducted via WebEx on 6/6/2022. The following individuals were present:

- Representing DHCS:
Michael Bivians, CCM II Chief
Susan Volmer, CCM II Analyst
Katrina Beedy, CCM II Analyst
Becky Counter, CCM II Analyst
Emanuel Hernandez, CCM II Analyst
Ayesha Smith, CCU Chief
Kathryn Sears, CPOM Unit 1 Chief
Jamie Saunders, CPOM Unit 2 Chief
Michael Ulibarri, CPOM Unit 3 Chief
Rachel Biron, CPOM Unit 4 Chief
Jamie Saunders, CPOM Unit 2 Chief
Kionna Howard, CPOM Unit 2 Liaison
Cassandra Queen, CPOM Unit 3 Liaison
Cristina Whitlock, CPOM Unit 3 Liaison
Alexandra Clark, CPOM Unit 4 Liaison
Sam Iliff, CPOI Unit 2, HPS I
- Representing Regional Model Plan and Participating Counties:
Wendy Millis, Partnership HealthPlan of California (PHC), Wellness and Recovery Program, Program Manager I
Nicole Talley, PHC, Behavioral Health Senior Program Manager
Mark Bontrager, PHC, Behavioral Health Administrator
Emi Botzler-Rodgers, Humboldt County Behavioral Health Director
Raena West, Humboldt County Senior Program Manager, SUD Administrator
Stacy Reyes, Humboldt County Staff Services Analyst II, DHHS Quality Management Services
Kayleigh Emry, Humboldt County Quality Management Coordinator, Behavioral Health Compliance Officer
Melissa Chilton, Humboldt County Budget Specialist
Naoko Rivera, Humboldt County Fiscal Officer, Claims Data Management
Elvira Schwartz, Humboldt County, Program Manager
Barbara Longo, Lassen County, Health and Social Service Director
Tiffany Armstrong, Lassen County Director of Behavioral Health
Nicole Johnson, Lassen County Prevention Program Manager
Jenine Miller, Mendocino County Director of Behavioral Health and Recovery Services
Jill Ales, Mendocino County Behavioral Health and Recovery Services Program Manager
Lili Chavoya, Mendocino County Behavioral Health and Recovery Services Administrative Secretary
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Emery Cowan, Solano County Behavioral Health Deputy Director

Kate Grammy, Solano County Behavioral Health Services Administrator
Judeth Greco-Gregory, Solano County Mental Health Clinical Supervisor
Rob George, Solano County Mental Health Services Senior Manager

During the Exit Conference, the following topics were discussed:

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

SUMMARY OF FY 2021-22 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>	<u>Number of CD's</u>
1.0 Availability of DMC-ODS Services	5
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	4
4.0 Access and Information Requirements	5
5.0 Beneficiary Rights and Protections	0
6.0 Program Integrity	3

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part III, Section KK, 2, j each CD identified must be addressed via a CAP. The CAP is due within sixty (60) calendar days of the date of this monitoring report.

Please provide the following within the completed FY 2021-22 CAP:

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

The CPOMB liaison will monitor progress of the CAP completion.

Category 1: AVAILABILITY OF DMC-ODS SERVICES

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

COMPLIANCE DEFICIENCIES:

CD 1.1.3:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 1, iii, a-d

- iii. The Contractor shall comply with the following timely access requirements:
- a. Meet and require its network providers to meet Department standards for timely access to care and services, taking into account the urgency of the need for services.
 - b. Ensure that the network providers offer hours of operation that are no less than the hours of operation offered to commercial beneficiaries or comparable to Medicaid FFS, if the provider serves only Medicaid beneficiaries.
 - c. Make services included in this Agreement available 24 hours a day, 7 days a week, when medically necessary.
 - d. Establish mechanisms to ensure compliance by network providers.

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

- Ensure network providers offer hours of operation that are no less than offered to commercial beneficiaries or Medicaid FFS if the provider serves only Medicaid beneficiaries;
- Make services available 24 hours a day, 7 days a week when medically necessary; and
- Establish mechanism to ensure compliance by network providers.

CD 1.1.4:

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

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

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

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

CD 1.4.4:

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

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

Findings: The Plan did not provide evidence demonstrating non-professional staff employed by subcontractors receive appropriate onsite orientation and training prior to performing assigned duties.

CD 1.4.6:

Intergovernmental Agreement Exhibit A, Attachment I, III, GG, 3, i

3. Training to DMC Subcontractors

- i. The Contractor shall ensure that all subcontractors receive training on the DMC-ODS requirements, at least annually. The Contractor shall report compliance with this section to DHCS annually as part of the DHCS County Monitoring process.

Findings: The Plan did not provide evidence demonstrating all subcontractors receive annual training on the DMC-ODS requirements.

CD 1.4.7:

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

3. Training to DMC Subcontractors

- ii. The Contractor shall require subcontractors to be trained in the ASAM Criteria prior to providing services.
 - a. The Contractor shall ensure that, at 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.

Findings: The Plan did not provide evidence demonstrating all subcontractor staff conducting assessments completed two ASAM Criteria e-Training modules prior to providing services.

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 3.2.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 3, iii, a-e

- iii. Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. The Contractor will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews. The required EBPs include:
- a. Motivational Interviewing;
 - b. Cognitive-Behavioral Therapy;
 - c. Relapse Prevention;
 - d. Trauma-Informed Treatment; and
 - e. Psycho-Education.

Findings: The Plan did not provide evidence demonstrating providers have implemented and are utilizing at least two of the required Evidence Based Practices.

CD 3.3.2:

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

1. The monitoring of accessibility of services outlined in the Quality Improvement (QI) Plan will at a minimum include:
- i. Timeliness of first initial contact to face-to-face appointment.
 - ii. Frequency of follow-up appointments in accordance with individualized treatment plans.
 - iii. Timeliness of services of the first dose of OTP/NTP services.
 - iv. Access to after-hours care.
 - v. Responsiveness of the beneficiary access line.
 - vi. Strategies to reduce avoidable hospitalizations.
 - vii. Coordination of physical and mental health services with waiver services at the provider level.
 - viii. Assessment of the beneficiaries' experiences.
 - ix. Telephone access line and services in the prevalent non-English languages.

Findings: The Plan did not provide evidence demonstrating how subcontractor staff are monitored for the accessibility of services outlined in the Quality Improvement (QI) Plan including:

- Timeliness of first initial contact to face-to-face appointment;
- Access to after-hours care; and
- Telephone access line and services in the prevalent non-English languages.

CD 3.4.1:

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

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

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

CD 3.4.2:

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

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

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

Category 4: ACCESS AND INFORMATION REQUIREMENTS

A review of the access and information requirements for the access line, language and format requirements, and general information was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in access and information requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 4.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, F, 3, x

x. 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.

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 5

5. The QM Program shall conduct performance-monitoring activities throughout the Contractor's operations. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances.

Findings: A minimum of two test calls were conducted for the Plan's 24/7 toll free number posted on the website, (855) 765-9703. The responses to the test calls resulted in a barrier to access DMC-ODS services for prospective beneficiaries calling.

The first test call on 5/31/2022 at 1:12 p.m. was determined to be out of compliance. The caller was greeted with a pre-recorded message to select a prompt to be connected to a person. The caller chose to stay on the line and waited eight (8) minutes and three (3) seconds before the call was answered. The caller explained his son was an addict who was looking to get into treatment and asked how to go about making this happen. The caller was informed the potential beneficiary would need to establish Medi-Cal eligibility and was provided a phone number to call, (800) 254-5555. The caller was informed the potential beneficiary must have insurance before receiving services and Medi-Cal eligibility may be verified quickly. The caller was encouraged to ask about available services when making the call to establish Medi-Cal eligibility.

The second test call on 5/31/2022 at 6:24 p.m. was determined to be in compliance. The caller was greeted with a pre-recorded message to select a prompt to be connected to a person. The caller chose a prompt and after a two (2) minute wait the caller was connect to a person. The caller explained his son was an addict who was looking to get into treatment and asked how to go about making this happen. The caller was asked questions regarding the potential beneficiary to complete a brief screening and established emergency services were not needed. The caller was provided information regarding the process to seek treatment services and about the different levels of care. The caller was provided a phone number in the county of residence for the potential beneficiary to seek additional information and begin the eligibility process.

CD 4.3.1:

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

4. Hatch Act

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

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

18. Subcontract Provisions

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

Findings: The Plan did not provide evidence demonstrating subcontractor compliance with the Hatch Act.

The Plan did not provide evidence demonstrating all of the foregoing Intergovernmental Agreement, Exhibit A, Attachment I, Section III, Y, general provisions are included in all executed subcontracts, specifically the Hatch Act.

CD 4.3.2:

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

5. No Unlawful Use or Unlawful Use Messages Regarding Drugs

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

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

18. Subcontract Provisions

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

Findings: The Plan did not provide evidence demonstrating subcontractor compliance with No Unlawful Use or Unlawful Use Messages Regarding Drugs.

The Plan did not provide evidence demonstrating all of the foregoing Intergovernmental Agreement, Exhibit A, Attachment I, Section III, Y, general provisions are included in all executed subcontracts, specifically No Unlawful Use or Unlawful Use Messages Regarding Drugs.

CD 4.3.3:

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

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

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

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

18. Subcontract Provisions

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

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

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

CD 4.3.4:

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

11. Trafficking Victims Protection Act of 2000

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

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

18. Subcontract Provisions

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

Findings: The Plan did not provide evidence demonstrating subcontractor compliance with the Trafficking Victims Protection Act of 2000 (22 USC 7104(g)) provision.

The Plan did not provide evidence demonstrating all of the foregoing Intergovernmental Agreement, Exhibit A, Attachment I, Section III, Y, general provisions are included in all executed subcontracts, specifically the Trafficking Victims Protection Act of 2000 (22 USC 7104(g)) provision.

Category 6: PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCIES:

CD 6.1.1:

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

- c. Provision for prompt notification to the Department when it receives information about changes in a beneficiary's circumstances that may affect the beneficiary's eligibility including all of the following:
- i. Changes in the beneficiary's residence.
 - ii. The death of a beneficiary.

Findings: The Plan did not provide evidence demonstrating prompt notification to DHCS regarding changes to a beneficiary's circumstances that may affect eligibility, including:

- Changes in the beneficiary's residence.
- The death of a beneficiary.

CD 6.2.2:

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

- h. Provision for the Contractor's suspension of payments to a network provider for which the Department determines there is a credible allegation of fraud in accordance with 42 CFR §455.23.

Findings: The Plan did not provide evidence demonstrating a provision for the suspension of payments to a network provider when there is a credible allegation of fraud in accordance with 42 CFR § 455.23.

CD 6.3.1

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

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

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

TECHNICAL ASSISTANCE

Technical Assistance regarding CalOMS and the submission of Provider No Activity Reports was requested during the review.