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

JENNIFER KENT
DIRECTOR

GAVIN NEWSOM
GOVERNOR

July 16, 2019

Sent via e-mail to: loretta.denering@ventura.org

Loretta Denering, Dr.PH, MS, Division Chief
Ventura County Health Care Agency, Alcohol and Drug Programs
1911 Williams Drive
Oxnard, CA 93036

SUBJECT: Annual County Performance Unit Report

Dear Chief Denering,

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

Ventura County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 8/16/2019. 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,

Michael Bivians

Michael Bivians
(916) 713-8966
michael.bivians@dhcs.ca.gov

Distribution:

To: Chief Denering,

CC: Tracie Walker, Performance & Integrity Branch Chief
Sandi Snelgrove, Prevention and Family Services Section 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
Jessica Fielding, Office of Women, Perinatal and Youth Services Unit Supervisor
Patricia Gulfam, Prevention Quality Assurance and Support Unit Supervisor

Lead CPU Analyst: Michael Bivians **Assisting CPU Analyst(s):** LaMonte Love	**Date of Review:** 5/14/2019 - 5/16/2019
County: Ventura County	**County Address:** 1911 Williams Drive Oxnard, CA 93036
County Contact Name/Title: Loretta Denering, ADP Division Chief	**County Phone Number/Email:** 805-981-2114 loretta.denering@ventura.org
Report Prepared by: Michael Bivians	**Report Approved by:** Susan Jones

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) 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 1911 Williams Drive; Oxnard, CA 93036 on 5/14/2019. The following individuals were present:

- Representing DHCS:
  Michael Bivians, Associate Governmental Program Analyst (AGPA)
  LaMonte Love, AGPA

- Representing Ventura County:
  Loretta Denering, Division Chief, SUD Administrator
  Anita Catapusan, Behavioral Health Manager
  Dan Hicks, Behavioral Health Manager
  Anna Flores, Behavioral Health Manager
  Lance Pillsbury, Fiscal
  Luis Tovar, Senior Program Administrator
  Victoria Bucy, Program Administrator
  Lucianne Ranni, Senior Program Administrator

During the Entrance Conference the following topics were discussed:
Introductions
County System of Service Overview
Overview of Monitoring Purpose and Process

Exit Conference:
An exit conference was conducted at 1911 Williams Drive; Oxnard, CA 93036 on 5/16/2019. The following individuals were present:

- Representing DHCS:
  Michael Bivians, AGPA
  LaMonte Love, AGPA

- Representing Ventura County:
  Loretta Denering, Division Chief, SUD Administrator
  Anita Catapusan, Behavioral Health Manager
  Destiny James, Program Administrator
  Anna Flores, Behavioral Health Manager
  Kathy Mulford, Senior Behavioral Health Manager
  Luis Tovar, Senior Program Administrator
  Victoria Bucy, Program Administrator
  Lucianne Ranni, Senior Program Administrator
  Leisa Donovan, Fiscal Manager
  Alicia Duenas, Program Administrator

During the Exit Conference the following topics were discussed:
Technical Assistance regarding specific questions on the monitoring tools
Final review of compliance deficiencies and recommendations

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	1
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.

2015-16:

CD 4:
Finding: It is a State-County Contract requirement that the County submits CalOMS Tx discharge data for individuals no longer in treatment, or submit annual updates for individuals who remain in treatment for over a year. During the monitoring review, a review of the CalOMS Tx Open Admissions Report demonstrated that the County is not submitting CalOMS Tx discharge data or annual updates as required.

2016-17:

CD 10.57.d:
Finding: The County's and its providers' annual updates or client discharges, for beneficiaries in treatment over one year, were not submitted.

2017-18:

CD 7.41.a:
Finding: The County's and its providers did not report any CalOMS Tx data, and did not generate a Provider No Activity (PNA) report.

Reason for non-clearance of CD: The County indicates staff turnover and limited training opportunities existed for the employees hired into this position from FY 15-16 through the current fiscal year. The County indicates challenges with their provider network regarding staffing, communication and technical expertise is another contributing factor. Some facilities have been changed within the County and have been reclassified as satellites.
County plan to remediate: The County will be working with DHCS MPF team to properly identify the providers listed on the MPF.
Original expected date of completion: October 1, 2018
Updated/ revised date of completion: November 14, 2019

CD 7.41.b:
Finding: The County's and its providers' annual updates or client discharges for beneficiaries in treatment over one year were not submitted.

Reason for non-clearance of CD: The County indicates staff turnover and limited training opportunities existed for the employees hired into this position from FY 15-16 through the current fiscal year. The County indicates challenges with their provider network with staffing, communication and technical expertise is another contributing factor. The County indicates the communication from

the County and its providers to the State following the Cal-OMS platform transition at the State level, presented challenges with clearing specific older information.
County plan to remediate: The annual updates and client discharge deficiencies will be corrected by Program Administrator who will continue to monitor for compliance.

During the SFY 18/19 site review, the County stated they will be conducting monthly meetings with County and Provider personnel to address open admissions data. The County will ensure training and communication is consistent moving forward between the County and their network providers.
Original expected date of completion: October 1, 2018
Updated/ revised date of completion: November 15, 2019

In each of the past three review years cited above, the county has made the same statements regarding a plan to remediate CalOMS deficiencies. The same CalOMS deficiencies are cited again this year as well.

The County must bring these deficiencies into compliance by the above date of November 15, 2019. Please describe in the Corrective Action Plan (CAP) what new efforts will be utilized other than what has been stated in previous CAPs to ensure compliance by the deadline.

Please note: Accurate data submission from counties is critical for the evaluation of the success of the DMC-ODS Demonstration Project. Without current accurate date from all counties participating in the project, evaluation date will be skewed.

CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 3, 7, (a-d) each CD identified must be addressed via a 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 CD;
b) A list of action steps to be taken to correct the CD;
c) A date of completion for each CD; and
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 deficiency in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCY:

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 documentation of 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 submit any required monitoring reviews of SABG fiscal requirements to DHCS for SFY 17/18. The County did submit 8 out of a total of 9 SABG required programmatic monitoring reviews for SFY 17-18 to DHCS.

CD 2.15:

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 submit 1 out of a total of 9 SABG required programmatic and fiscal monitoring reports for SFY 17-18. The County did submit 8 SABG programmatic monitoring reports for SFY 17-18 to DHCS within two weeks of report issuance. The County indicated they completed and submitted to SUDCountyReports@dhcs.ca.gov a total of 9 monitoring reports for SFY 17/18.

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.

9.0 TECHNICAL ASSISTANCE

DHCS's County Performance Analyst will make referrals for the training and/or technical assistance identified below.

Primary Prevention: DHCS's County Prevention Analyst has been contacted and a referral has been made.

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

JENNIFER KENT
DIRECTOR

GAVIN NEWSOM
GOVERNOR

July 16, 2019

Sent via e-mail to: loretta.denering@ventura.org

Loretta Denering, Dr.PH, MS, Division Chief
Ventura County Health Care Agency, Alcohol and Drug Programs
1911 Williams Drive
Oxnard, CA 93036

SUBJECT: Annual County Performance Unit Report

Dear Chief Denering,

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 Ventura 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 Ventura County's 2018-19 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Ventura County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 8/16/2019. 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,

Michael Bivians

Michael Bivians
(916) 713-8966
michael.bivians@dhcs.ca.gov

Distribution:

To: Chief Denering,

CC: Don Braeger, Substance Use Disorders - Program, Policy and Fiscal Division Chief
Tracie Walker, Performance & Integrity Branch Chief
Sandi Snelgrove, Prevention and Family Services Section 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
Jessica Fielding, Office of Women, Perinatal and Youth Services Unit Supervisor
Patricia Gulfam, Prevention Quality Assurance and Support Unit Supervisor

Lead CPU Analyst: Michael Bivians **Assisting CPU Analyst(s):** LaMonte Love	**Date of Review:** 5/14/2019 - 5/16/2019 **Date of DMC-ODS Implementation:** 12/1/2018
County: Ventura County	**County Address:** 1911 Williams Drive Oxnard, CA 93036
County Contact Name/Title: Loretta Denering, ADP Division Chief	**County Phone Number/Email:** 805-981-2114 loretta.denering@ventura.org
Report Prepared by: Michael Bivians	**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 1911 Williams Drive; Oxnard, CA 93036 on 5/15/2019. The following individuals were present:

- Representing DHCS:
  Michael Bivians, Associate Governmental Program Analyst (AGPA)
  LaMonte Love, AGPA

- Representing Ventura County:
  Loretta Denering, Division Chief, SUD Administrator
  Anita Catapusan, Behavioral Health Manager
  Destiny James, Program Administrator
  Alicia Duenas, Program Administrator
  Kathy Mulford, Senior Behavioral Health Manager
  Luis Tovar, Senior Program Administrator
  Doreen Feketee, Program Administrator
  Lucianne Ranni, Senior Program Administrator

During the Entrance Conference the following topics were discussed:

- Introductions,
- County System of Service Overview, and
- Overview of Monitoring Purpose and Process.

Exit Conference:
An exit conference was conducted at 1911 Williams Drive; Oxnard, CA 93036 on 5/16/2019. The following individuals were present:

- Representing DHCS:
  Michael Bivians, AGPA
  LaMonte Love, AGPA

- Representing Ventura County:
  Loretta Denering, Division Chief, SUD Administrator
  Anita Catapusan, Behavioral Health Manager
  Destiny James, Program Administrator
  Anna Flores, Behavioral Health Manager
  Kathy Mulford, Senior Behavioral Health Manager
  Luis Tovar, Senior Program Administrator
  Victoria Bucy, Program Administrator
  Lucianne Ranni, Senior Program Administrator
  Leisa Donovan, Fiscal Manager
  Alicia Duenas, Program Administrator

During the Exit Conference the following topics were discussed:

- Technical Assistance regarding specific questions on the monitoring tools, and
- Final review of compliance deficiencies and recommendations.

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	0
2.0 Member Services	2
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	0
7.0 Quality	2
8.0 Program Integrity	2

CORRECTIVE ACTION PLAN

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part II, Section EE, 2 each CD identified must be addressed via a CAP. The CAP is due within 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 CD;
b) A list of action steps to be taken to correct the CD;
c) A date of completion for each CD; and
d) Who will be responsible for correction and ongoing compliance.

The CPU analyst will monitor progress of the CAP completion.

2.0 MEMBER SERVICES

The following deficiencies in the member services requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.11:

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, iv. a-e.

iv. Information Requirements (42 CFR §438.10) Beneficiary information required in this section may not be provided electronically by the Contractor unless all of the following are met:
   a. The format is readily accessible;
   b. The information is placed in a location on the Department or the Contractor's website that is prominent and readily accessible;
   c. The information is provided in an electronic form which can be electronically retained and printed;
   d. The information is consistent with the content and language requirements of this section; and
   e. The beneficiary is informed that the information is available in paper form without charge upon request and provides it upon request within 5 business days.

Finding: The Plan's member handbook was not prominently and readily accessible on the Plan's website. The member handbook is found under a link named DMC-ODS Waiver, five (5) web pages away from the County's Home Page. To find DMC-ODS Waiver from the Ventura County Home Page, a beneficiary is required to know or explore the following specific headers to find the link to the member handbook:

1. County Services
2. Health Care Agency
3. Behavioral Health
4. Alcohol and Drug Programs
5. DMC-ODS Waiver

Once on the web page for Alcohol and Drug Programs, the DMC-ODS Waiver link is available without explanation of what DMC-ODS means. Someone seeking services offered under the DMC-ODS Waiver would have to click a separate link to receive a description of the program before realizing what the DMC-ODS Waiver program offered.

CD 2.14:

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xv, a-d.

xv. Provider Directory.
   a. The Contractor shall make available in electronic form and, upon request, in paper form, the following information about its network providers:
      i. The provider's name as well as any group affiliation;
      ii. Street address(es);
      iii. Telephone number(s);
      iv. Website URL, as appropriate;

v. Specialty, as appropriate;
vi. Whether the provider will accept new beneficiaries;
vii. The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competence training; and
viii. Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment.

b. The Contractor shall include the following provider types covered under this Agreement in the provider directory:
i. Physicians, including specialists
ii. Hospitals
iii. Pharmacies
iv. Behavioral health providers

c. Information included in a paper provider directory shall be updated at least monthly and electronic provider directories shall be updated no later than 30 calendar days after the Contractor receives updated provider information.

d. Provider directories shall be made available on the Contractor's website in a machine-readable file and format as specified by the Secretary of Health and Human Services.

MHSUDS Information Notice: 18-020
I. Provider Directory Content

Each Plan's provider directory must make available in electronic form, and paper form upon request,
the following information for all network providers, including each licensed, waivered, or registered mental health provider and licensed substance use disorder services provider employed by the Plan, each provider organization or individual practitioner contracting with the Plan, and each licensed, waivered, or registered mental health provider and licensed substance use disorder services provider employed by a provider organization to deliver Medi-Cal services:

- The provider's name and group affiliation, if any;
- Provider's business address(es) (e.g., physical location of the clinic or office);
- Telephone number(s);
- Email address(es), as appropriate;
- Website URL, as appropriate;
- Specialty, in terms of training, experience and specialization, including board certification (if any);
- Services / modalities provided, including information about populations served (i.e., perinatal, children/youth, adults);

- Whether the provider accepts new beneficiaries;
- The provider's cultural capabilities (e.g., veterans, older adults, Transition Age Youth, Lesbian, Gay, Bisexual, Transgender);
- The provider's linguistic capabilities including languages offered (e.g., Spanish, Tagalog, American Sign Language) by the provider or a skilled medical interpreter at the provider's office; and,
- Whether the provider's office / facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment.
- In addition to the information listed above, the provider directory must also include the following information for each rendering provider:
- Type of practitioner, as appropriate;
- National Provider Identifier number;
- California license number and type of license; and,
- An indication of whether the provider has completed cultural competence training.

The provider directory should also include the following notation (may be included as a footnote); "Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waivered, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan's provider directory."

Plans may choose to delegate the requirement to list individuals employed by provider organizations to its providers. If the Plan delegates this requirement, the Plan's website must link to the provider organization's website and vice versa. Alternately, the Plan may elect to maintain this information at the county level. Ultimately, the Plan maintains responsibility for monitoring the network provider's compliance with these requirements.

Finding: The Plan does not update the provider directory monthly.

4.0 ACCESS

The following deficiency in access regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCY:

CD 4.26:

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

i. 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.

MHSUDS Information Notice: 18-019

Effective immediately, Plans must implement and maintain written policies and procedures for the initial credentialing and re-credentialing of their providers in accordance with the policy outlined in this IN…

Credentialing Policy

For all licensed, waivered, registered and/or certified providers, the Plan must verify and document the following items through a primary source, 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. The Plan must require each provider to submit any updated information needed to complete the re-credentialing process, as well as a new signed attestation. In addition to the initial credentialing requirements, re-credentialing should include documentation that the Plan has considered information from other sources pertinent to the credentialing process, such as quality improvement activities, beneficiary grievances, and medical record reviews.

Finding: The Plan's policy does not include that the following items may be verified through a non-primary source:

- Work history,
- Hospital and clinic privileges in good standing,
- Current Drug Enforcement Administration identification number,
- Current malpractice insurance…, and
- History of liability claims against the provider.

7.0 QUALITY

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

COMPLIANCE DEFICIENCIES:

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).

CD 7.50:

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 3, i, c-f.

i. The CalOMS-Tx business rules and requirements are:
   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.
   a. 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.
   b. 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.
   d. 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.

Finding: The following CalOMS Tx report(s) are non-compliant:

- Open Admissions Report
- Open Providers Report

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, 6, 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, 7, 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 submitted written roles and responsibilities for the sub-contracted medical director, did not meet the following requirement(s):

- Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care
- Ensure that physicians do not delegate their duties to non-physician personnel
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations
- 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
- Ensure that provider's physicians are adequately trained to perform other physician duties

CD 8.63:

Intergovernmental Agreement Exhibit A, Attachment I, II ,H, 5, ii, g.

g. Provision for the prompt referral of any potential fraud, waste, or abuse that the Contractor identifies to the Department Medicaid program integrity unit or any potential fraud directly to the State Medicaid Fraud Control Unit.

Finding: The Plan's procedure for reporting any potential fraud, waste, or abuse did not include referring any potential fraud, waste, or abuse to the Department's Medicaid Fraud Control Unit.