



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 21, 2018

Sent via e-mail to: SRSteinberg@rcmhd.org

Steve Steinberg, LCSW, Director
Riverside County Department of Mental Health
4095 County Circle Drive
P.O. Box 7549
Riverside, CA 92503-7549

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

Dear Director Steinberg:

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

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

Riverside County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 6/21/2018. The CAP must follow the guidelines detailed within the attached report. Please reference the enclosed CAP instructions and e-mail the CAP to the CPU Analyst. Supporting CAP documentation may be e-mailed or mailed to the address listed below. If you have any questions regarding this report or need assistance, please contact the CPU analyst.

Sincerely,

Emily-Cresenciana Bautista
(916) 327-2624
emily-cresenciana.bautista@dhcs.ca.gov

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

Substance Use Disorder
Program, Policy and Fiscal Division
County Performance Unit
P.O. Box 997413, MS 2627
Sacramento, CA 95814
<http://www.dhcs.ca.gov>



Substance Abuse Block Grant
County Performance Unit Report
Riverside County

Distribution:

To: Director Steinberg

CC: Tracie Walker, Performance & Integrity Branch, Branch Chief
Denise Galvez, Policy and Prevention Branch, Section Chief
Cynthia Hudgins, Quality Monitoring Section, Section Chief
Janet Rudnick, Utilization Review Section, Section Chief
Susan Jones, County Performance Unit, Unit Supervisor
Tianna Hammock, Drug Medi-Cal Monitoring Unit I, Unit Supervisor
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Eric Painter, Postservice Postpayment Unit II, Unit Supervisor
Danielle Stumpf, Office of Women, Perinatal and Youth Services, Unit Supervisor
Vanessa Machado, Policy and Prevention Branch, Office Technician
Rhyan Miller, Substance Abuse Prevention and Treatment Program, SUD Administrator
Maureen Dopson, Quality Improvement Behavioral Health Services, Program Manager

Date: May 21, 2018

Report Prepared by: *Emily Bautista, County Performance Analyst*
Manager Approval: *Susan Jones, County Performance Supervisor*

Lead CPU Analyst:
Emily Bautista

Review Date: 5/9/18 to 5/11/18

Assisting CPU Analysts:
Rotna Simmons
Jennifer Johnson

Review Period: 2017-18

County: Riverside

County Address:
4095 County Circle Drive
Riverside, CA 92503-7549

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

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

REVIEW SCOPE

- I. Regulations:
 - a. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
 - b. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block
 - c. HSC, Division 10.5, Section 11750 – 11970: State Department of Health Care

- II. Program Requirements:
 - a. State Fiscal Year (SFY) 2017-18 State County Contract, herein referred to as State County Contract
 - b. State of California *Youth Treatment Guidelines Revised August 2002*
 - c. DHCS *Perinatal Services Network Guidelines FY 2016-17*
 - d. National Culturally and Linguistically Appropriate Services (CLAS)
 - e. Alcohol and Drug Program (ADP) Bulletins
 - f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

CORRECTIVE ACTION PLAN

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

The CAP shall include:

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

The CPU analyst will monitor progress of the CAP completion.

NEW REQUIREMENTS (NR)

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

Section:	Number of CD's:
1.0 Administration	2
2.0 SABG Monitoring	3
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
5.0 Primary Prevention	0
6.0 Cultural Competence	0
7.0 CalOMS and DATAR	1
8.0 Privacy and Information Security	2

PREVIOUS CAPs

During the FY 2017-18 review, the following CAP(s) with CD(s) were discussed and are still outstanding.

2015-16:

CD # 5: California Outcomes Measurement System (CalOMS) Treatment (Tx) - Open Admissions Report

2016-17:

CD 10.57.d: The County is not submitting CalOMS Tx discharge data or annual updates as required.

Please provide the following within the completed 2017-18 CAP.

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

1.0 ADMINISTRATION

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

COMPLIANCE DEFICIENCIES:

CD 1.3:

State County Contract Exhibit A, Attachment I, Part II, F

Contractor shall not subcontract with any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

State County Contract Exhibit A, Attachment I, Part II, Y
Subcontract Provisions

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

Finding: The County did not provide the SABG treatment provider contract that addresses compliance with Debarment and Suspension.

CD 1.5:

State County Contract Exhibit A, Attachment I, Part II, J

Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in Title 9, CCR, Division 4, Chapter 8. (Document 3H).

State County Contract Exhibit A, Attachment I, Part II, Y
Subcontract Provisions

Contractor shall include all of the foregoing part II provisions in all of its subcontracts.

Finding: The County did not provide the SABG treatment provider contract that addresses compliance with Counselor of Certification.

NR 1.14:

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

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

Finding: According to the 2017-2020 State County Contract, programs are required to abide by the Minimum Quality Drug Treatment Standards, a component of the contract. Due to a delay in contract finalization, findings related to the standards will not be identified as a deficiency; however, a plan to fulfill the new requirements must be submitted.

2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.18:

State-County Contract Exhibit A, Attachment I, Part I, Section 3, A, 1, a-e
Monitoring

Contractor's performance under this Exhibit A, Attachment I, Part I, shall be monitored by DHCS during the terms of this Contract. Monitoring criteria shall include, but not limited to:

- (a) Whether the quantity of work or services being performed conforms to Exhibit B A2; (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 Guidelines (Document 1G); and (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 should be sent by secure, encrypted e-mail 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 provide a copy or did not have all the SABG program requirements within their monitoring tool. The following criteria are missing:

- Tuberculosis Services
- Charitable Choice
- Intravenous Drug User Services
- Interim Services
- Drug and Alcohol Treatment Access Report (DATAR)
- National Culturally and Linguistically Appropriate Services (CLAS) Standards
- Trafficking Victims Protection Act of 2000
- Minimum Quality Drug Treatment Standards 2F(b) (NR)

CD 2.20:

State-County Contract Exhibit A, Attachment I, Part I, Section 3, A, 1, 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 should be sent by secure, encrypted email to:

SUDCountyReports@dhcs.ca.gov or

*Substance Use Disorder-Program, Policy, and Fiscal Division Performance Management Branch
Department of Health Care Services
PO Box 997413, MS-2627
Sacramento, CA 95899-7413*

Finding: The County did not monitor all County and subcontracted providers for required SABG fiscal requirements.

CD 2.21:

State-County Contract Exhibit A, Attachment I, Part I, Section 3, A, 1, 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 should 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 all required SABG fiscal auditing reports for FY 16-17 to DHCS within two weeks of report issuance.

7.0 CALIFORNIA OUTCOMES MEASUREMENT SYSTEM TREATMENT (CalOMS Tx)

The following deficiencies in CalOMS and DATAR regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 7.41.b:

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

B(3) Electronic submission of CalOMS-Tx data shall be submitted by Contractor within 45 days from the end of the last day of the report month.

B(5) Contractor shall submit CalOMS-Tx admissions, discharge, annual update, resubmissions of records containing errors or in need of correction, and "provider No activity" report records in an electronic format approved by DHCS.

B(6) Contractor shall comply with the CalOMsTx Data Compliance Standards established by DHCS identified in Document 3S for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.

D(3) Contractor shall comply with the treatment and prevention data quality standards established by DHCS. Failure to meet these standards on an ongoing basis may result in withholding SABG funds.

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

8.0 PRIVACY AND INFORMATION SECURITY

The following deficiencies in Privacy and Information Security regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 8.53:

State-County Contract, Exhibit F, Attachment I, II, G

All users must be issued a unique username for accessing DHCS PHI or PI. Username must be promptly disabled, deleted, or the password changed upon the transfer or termination of an employee with knowledge of the password, at maximum within 24 hours.

State-County Contract, Exhibit F, F-2, 3, B, 2

Safeguards. To implement appropriate and reasonable administrative, technical, and physical safeguards to protect the security, confidentiality and integrity of Department PI and PII, to protect against anticipated threats or hazards to the security or integrity of Department PI and PII, and to prevent use or disclosure of Department PI or PII other than as provided for by this Agreement. Contractor shall develop and maintain a written information privacy and security program that include administrative, technical and physical safeguards appropriate to the size and complexity of Contractor's operations and the nature and scope of its activities, which incorporate the requirements of section 3, Security, below. Contractor will provide DHCS with its current policies upon request.

Finding: The County did not provide a current policy ensuring all county and subcontracted employee usernames are promptly disabled, deleted, or the password changed upon the transfer or termination of an employee, within 24 hours.

CD 8.59:

State-County Contract, Exhibit F, Attachment I, III, B

Log Reviews. All systems processing and/or storing Department PHI or PI must have a routine procedure in place to review system logs for unauthorized access.

Finding: The County did not demonstrate a routine procedure to review system logs to deter unauthorized access to systems and networks containing PHI or PI.

10.0 TECHNICAL ASSISTANCE

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

Primary Prevention: The County requested TA for monitoring tools related to Primary Prevention. DHCS's County Prevention Analyst has been contacted and a referral has been made.

Adolescent Youth Treatment: The County requested TA for Adolescent Youth Treatment Services regarding best practice or engagement of youth. DHCS's Adolescent Youth Treatment Services Analyst has been contacted and a referral has been made.



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Steve Steinberg, LCSW, Director
Riverside County Department of Mental Health
4095 County Circle Drive
P.O. Box 7549
Riverside, CA 92503-7549

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

Dear Director Steinberg:

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

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

Riverside County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 6/21/2018. The CAP must follow the guidelines detailed within the attached report. Please reference the enclosed CAP instructions and e-mail the CAP to the CPU Analyst. Supporting CAP documentation may be e-mailed or mailed to the address listed below. If you have any questions regarding this report or need assistance, please contact the CPU analyst.

Sincerely,

Emily-Cresenciana Bautista
(916) 327-2624
emily-cresenciana.bautista@dhcs.ca.gov

Substance Use Disorder
Program, Policy and Fiscal Division
County Performance Unit
P.O. Box 997413, MS 2627
Sacramento, CA 95814
<http://www.dhcs.ca.gov>



Drug Medi-Cal Organized Delivery System
County Performance Unit Report
Riverside County

Distribution:

To: Director Steinberg

CC: Tracie Walker, Performance & Integrity Branch, Branch Chief
Denise Galvez, Policy and Prevention Branch, Section Chief
Cynthia Hudgins, Quality Monitoring Section, Section Chief
Janet Rudnick, Utilization Review Section, Section Chief
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Vanessa Machado, Policy and Prevention Branch, Office Technician
Rhyan Miller, Substance Abuse Prevention and Treatment Program, SUD Administrator
Maureen Dopson, Quality Improvement Behavioral Health Services, Program Manager

Date: May 21, 2018

Report Prepared by: *Emily Bautista, County Performance Analyst*
Manager Approval: *Susan Jones, County Performance Supervisor*

Lead CPU Analyst:
Emily Bautista

Review Date: 5/9/18 to 5/11/18

Assisting CPU Analyst(s):
Rotna Simmons
Jennifer Johnson

Review Period: 2017-18

County: Riverside

County Address:
4095 County Circle Drive
Riverside, CA 92503-7549

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

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

REVIEW SCOPE

- I. Regulations:
 - a. Special Terms and Conditions (STCs) for California’s Medi-Cal 2020 section 1115(a) Medicaid Demonstration STC, Part X: Drug Medi-Cal Organized Delivery System
 - b. 42 CFR; Chapter IV, Subchapter C, Part 438; §438.1 through 438.930: Managed Care
- II. Program Requirements:
 - a. State Fiscal Year (SFY) 2017-18 Intergovernmental Agreement (IA)
 - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

CORRECTIVE ACTION PLAN

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

The CAP shall include:

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

The CPU analyst will monitor progress of the CAP completion.

NEW REQUIREMENTS (NR)

Due to a delay in the Mental Health Substance Use Disorder Information Notice finalization, findings related to the standards and requirements will not be identified as a compliance deficiency; however, a plan to fulfil the new requirements must be submitted.

SUMMARY OF FY 2017-18 COMPLIANCE DEFFICIENCIES (CD)

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

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, ii, b.

- i. For consistency in the information provided to beneficiaries, the Contractor shall use:*
- b. The Department developed model beneficiary handbooks and beneficiary notices.*

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xiv, a.

The Contractor shall utilize, and require its subcontracted providers to utilize, the state developed model beneficiary handbook.

Finding: The beneficiary handbook was missing the following required criteria:

- Taglines

NR 2.17:

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

- 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*

MHSUDS Information Notice: 18-020

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, waived, 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, waived, 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, waived, 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 provider directory is missing the following required element:

- National Provider Identifier Number

5.0 COORDINATION OF CARE

The following deficiencies in Coordination of Care for regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 5.38:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 3, iii.

- iii. *The Contractor shall implement procedures to deliver care to and coordinate services for all of its beneficiaries. These procedures shall meet Department requirements and shall do the following:*
 - a. *Ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. The beneficiary shall be provided information on how to contact their designated person or entity.*
 - b. *Coordinate the services the Contractor furnishes to the beneficiary:*
 - i. *Between settings of care, including appropriate discharge planning for short term and long-term hospital and institutional stays.*
 - ii. *With the services the beneficiary receives from any other managed care organization.*
 - iii. *With the services the beneficiary receives in FFS Medicaid.*
 - iv. *With the services the beneficiary receives from community and social support providers.*
 - c. *Make a best effort to conduct an initial screening of each beneficiary's needs, within 90 calendar days of the effective date of enrollment for all new beneficiaries, including subsequent attempts if the initial attempt to contact the beneficiary is unsuccessful.*
 - d. *Share with the Department or other managed care organizations serving the beneficiary the results of any identification and assessment of that beneficiary's needs to prevent duplication of those activities.*
 - e. *Ensure that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards.*
 - f. *Ensure that in the process of coordinating care, each beneficiary's privacy is protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E and 42 CFR Part 2, to the extent that they are applicable.*

Finding: The Plan's coordination of care procedures does not address how the Plan ensures following requirements are met:

- Ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. The beneficiary shall be provided information on how to contact their designated person or entity.
- Coordinate the services the Contractor furnishes to the beneficiary:
 - Between settings of care, including appropriate discharge planning for short term and long-term hospital and institutional stays.
 - With the services the beneficiary receives from any other managed care organization.
 - With the services the beneficiary receives in FFS Medicaid.

- With the services the beneficiary receives from community and social support providers.
- Make a best effort to conduct an initial screening of each beneficiary's needs, within 90 calendar days of the effective date of enrollment for all new beneficiaries, including subsequent attempts if the initial attempt to contact the beneficiary is unsuccessful.
- Share with the Department or other managed care organizations serving the beneficiary the results of any identification and assessment of that beneficiary's needs to prevent duplication of those activities.
- Ensure that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards.
- Ensure that in the process of coordinating care, each beneficiary's privacy is protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E and 42 CFR Part 2, to the extent that they are applicable.

6.0 GRIEVANCE, APPEAL, AND FAIR HEARING PROCESS

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

COMPLIANCE DEFICIENCIES:

CD 6.43:

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

- ii. For consistency in the information provided to beneficiaries, the Contractor shall use:*
- b. The Department developed model beneficiary handbooks and beneficiary notices.*

MHSUDS Information Notice 18-010, Enclosures 1 - 14

Finding: The following templates the Plan provided does not match the DHCS-approved notice template:

- Termination Notice
- Timely Access Notice

Additionally, the Plan did not provide the Plan's finalized copy of the following DHCS-approved notice template:

- Notice of Grievance Resolution
- Denial Notice
- NOABD Your Rights Attachment
- Adverse Benefit Determination Upheld
- NAR Your Rights Attachment
- Adverse Benefit Determination Overturned
- Beneficiary Non-Discrimination Notice
- Language Assistance Taglines
- Delay in Processing Authorization of Services
- Failure to Timely Resolve Grievances and Appeals

7.0 Quality

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

COMPLIANCE DEFICIENCIES:

CD 7.53:

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 3, 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.*

Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 2, iv.

1. Each subcontract shall

- iv. Ensure that the Contractor monitor the subcontractor’s performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.*

Finding: The Plan does not monitor its providers to ensure providers are compliant with the CalOMS Tx data submission requirements.

8.0 PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCIES:

CD 8.62:

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

CD 8.63:

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, i-ii, b.

- i. The Contractor, and its subcontractors to the extent that the subcontractors are delegated responsibility by the Contractor for coverage of services and payment of claims under this Contract, shall implement and maintain arrangements or procedures that are designed to detect and prevent fraud, waste, and abuse.*
- ii. The arrangements or procedures shall include the following:*
 - a. Provision for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, to the Department*

Finding: The Plan does not have a written procedure for the prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, to DHCS.