



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

July 10, 2018

Sent via e-mail to: judith.martin@sfdph.org

Judith Martin, Medical Director, Substance Use Services
San Francisco Department of Health Services
Room 221, Second floor,
1380 Howard Street
San Francisco, CA 94103

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

Dear Deputy Medical Director Martin:

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

San Francisco County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 8/10/2018. 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 Bautista
(916) 713-8572
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 Abuse Block Grant
County Performance Unit Report
San Francisco County

Distribution:

To: Deputy Medical Director Martin

CC: Tracie Walker, Performance & Integrity Branch, Branch Chief
Denise Galvez, Policy and Prevention Branch, Section Chief
Janet Rudnick, Utilization Review Section, Section Chief
Cynthia Hudgins, Quality Monitoring Section, Section Chief
Susan Jones, County Performance Unit, Unit Supervisor
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Vanessa Machado, Policy and Prevention Branch, Office Technician
Elissa Valez, Substance Use Disorders Coordinator, SFDPH

Date: July 10, 2018

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

Lead CPU Analyst:
Emily Bautista

Review Date: 5/29/18 to 5/31/18

Assisting CPU Analyst(s):
Jennifer Johnson

Review Period: 2017-18

County: San Francisco

County Address:
1380 Howard Street
San Francisco, CA 94103

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.

SUMMARY OF FY 2017-18 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	1
2.0 SABG Monitoring	0
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	3
8.0 Privacy and Information Security	1

PREVIOUS CAPs

During the FY 2017-18 review, the following CAPs with CDs were discussed and are still outstanding:

2014-15:

CD # 7 – CalOMS Tx – Open Admissions Report

2015-16:

CD # 8 – CalOMS Tx – Open Admissions Report

2016-17:

CD # 10.57.d – CalOMS Tx – Open Admissions Report

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.

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 7.41.a:

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

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 providers’ annual updates or client discharges for beneficiaries in treatment over one year were not submitted.

CD 7.41.c:

State-County Contract, Exhibit A, Attachment I, Part III, E, 1&2

E(1) The Contractor shall be responsible for ensuring that the Contractor-operated treatment services and all treatment providers, with whom Contractor makes a contract or otherwise

pays for these services, submit a monthly DATAR report in an electronic copy format as provided by DHCS.

E(2) The Contractor shall ensure that all DATAR reports are submitted by either Contractor-operated treatment services and by each subcontracted treatment provider to DHCS by the 10th of the month following the report activity month.

Finding: The County and its providers do not submit DATAR reports by the 10th of each month.

8.0 PRIVACY AND INFORMATION SECURITY

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

COMPLIANCE DEFICIENCIES:

CD 8.49:

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

All electronic files that contain DHCS PHI or PI data must be encrypted when stored on any removable media or portable device (i.e. USB thumb drives, floppies, CD/DVD, smartphones, backup tapes, etc.). Encryption must be a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES.

Exhibit F, F-2, 3, B, 2

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 of 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 does not protect DHCS PHI or PI, stored on removable media or portable devices, with a FIPS 140-2 certified algorithm which is 128bit or higher.

10.0 TECHNICAL ASSISTANCE

San Francisco County did not request technical assistance for SFY 2017-18.



JENNIFER KENT
DIRECTOR

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



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July 10, 2018

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Judith Martin, Medical Director, Substance Use Services
San Francisco Department of Health Services
Room 221, Second floor,
1380 Howard Street
San Francisco, CA 94103

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

Dear Deputy Medical Director Martin:

Enclosed are the results of San Francisco 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 San Francisco 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.

San Francisco County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 8/10/2018. 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 Bautista
(916) 713-8572
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
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Drug Medi-Cal Organized Delivery System
County Performance Unit Report
San Francisco County

Distribution:

To: Deputy Medical Director Martin

CC: Tracie Walker, Performance & Integrity Branch, Branch Chief
Denise Galvez, Policy and Prevention Branch, Section Chief
Cynthia Hudgins, Quality Monitoring Section, Section Chief
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Danielle Stumpf, Office of Women, Perinatal and Youth Services, Unit Supervisor
Vanessa Machado, Policy and Prevention Branch, Office Technician
Elissa Valez, Substance Use Disorders Coordinator, SFDPH

Date: January 10, 2018

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

Lead CPU Analyst:
Emily Bautista

Review Date: 5/29/18 to 5/31/18

Assisting CPU Analyst(s):
Jennifer Johnson

Review Period: 2017-18

County: San Francisco

County Address:
1380 Howard Street
San Francisco, CA 94103

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 III, Section EE, 2 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.

SUMMARY OF FY 2017-18 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	2
6.0 Grievance, Appeal, and Fair Hearing Process	1
7.0 Quality	1
8.0 Program Integrity	0

2.0 MEMBER SERVICES

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

COMPLIANCE DEFICIENCIES:

CD 2.16

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.*

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

CD 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:*
- v. Physicians, including specialists*
- vi. Hospitals*
- vii. Pharmacies*
- viii. 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*

Finding: The provider directory is missing the following required element(s):

- Whether the provider will accept new beneficiaries
- Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment

NR 2.17

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 providers², 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); ² Title 42 CFR §438.10(h) and California Health & Safety Code §1367.27 MHSUDS INFORMATION NOTICE NO.: 18-020 Page 3 April 24, 2018 • Whether the provider accepts new beneficiaries; ³*
- *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.*

Finding: The provider directory must include the following required elements:

- 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

4.0 Access

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

COMPLIANCE DEFICIENCIES:

CD 4.26:

Intergovernmental Agreement Exhibit A, Attachment I, III. H. 1. v.

1. *The Contractor shall implement residential treatment program standards that comply with the authorization of services requirements set forth in Article II.E.4. and shall:*
 - v. *Ensure that at least one ASAM level of Residential Treatment Services is available to beneficiaries in the first year of implementation;*

Finding: The Plan does not offer at least one ASAM level of Residential Treatment Services.

5.0 COORDINATION OF CARE

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

COMPLIANCE DEFICIENCIES:

CD 5.37:

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

3. *Contractor shall enter into a Memorandum Of Understanding (MOU) with any Medi-Cal managed care plan that enrolls beneficiaries served by the DMC-ODS. This requirement may be met through an amendment to the Specialty Mental Health Managed Care Plan MOU.*
 - i. *The following elements in the MOU should be implemented at the point of care to ensure clinical integration between DMC-ODS and managed care providers:*
 - a. *Comprehensive substance use, physical, and mental health screening.*
 - b. *Beneficiary engagement and participation in an integrated care program as needed;*
 - c. *Shared development of care plans by the beneficiary, caregivers and all providers;*
 - d. *Collaborative treatment planning with managed care;*
 - e. *Delineation of case management responsibilities;*
 - f. *A process for resolving disputes between the county and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved;*
 - g. *Availability of clinical consultation, including consultation on medications;*
 - h. *Care coordination and effective communication among providers including procedures for exchanges of medical information;*
 - i. *Navigation support for patients and caregivers; and*
 - j. *Facilitation and tracking of referrals between systems including bidirectional referral protocol.*

Finding: The Plan's MOU with San Francisco Health Plan addresses the San Francisco Community Mental Health Plan and does not address substance abuse.

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 includes additional language regarding second opinions that does not match the DHCS-approved notice templates:

- Denial Notice
- Delivery System Notice
- Modification Notice
- Termination Notice

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 adequately monitor the following CalOMS Tx reports:

- Open Admissions Report
- Open Providers Report