



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

August 21, 2018

Sent via e-mail to: CBoyden@smcgov.org

Clara Boyden, AOD Administrator
San Mateo County Behavioral Health & Recovery Services
310 Harbor Blvd, Bldg E
Belmont, CA 94002

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

Dear Administrator Boyden:

Enclosed are the results of San Mateo 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 Mateo 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 Mateo County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 9/21/2018. 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,

Rotna Simmons
(916) 713-8573
rotna.simmons@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 Mateo County**

Distribution:

To: Administrator Boyden

CC: Tracie Walker, Performance & Integrity Branch, Chief
Denise Galvez, Policy and Prevention Branch, Chief
Janet Rudnick, Utilization Review Section, Chief
Cynthia Hudgins, Quality Monitoring Section, Supervisor
Susan Jones, County Performance Unit, Supervisor
Tianna Hammock, Drug Medi-Cal Monitoring Unit I, Supervisor
Stephanie Quok, Drug Medi-Cal Monitoring Unit II, Supervisor
Tiffany Stover, Postservice Postpayment Unit I, Supervisor
Eric Painter, Postservice Postpayment Unit II, Supervisor
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Vanessa Machado, Policy and Prevention Branch, Office Technician

Date: August 21, 2018

Report Prepared by: *Rotna Simmons, County Performance Analyst*
Manager Approval: *Susan Jones, County Performance Supervisor*

Lead CPU Analyst: Rotna Simmons	Review Date: 5/23/18-5/25/18
Assisting CPU Analysts : Emily Bautista	
County Name: San Mateo	Review Period: FY 2017-18
County Address: 310 Harbor Blvd, Bldg E Belmont, CA 94002	

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) and the State County Contract (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 CD and 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's or NR's)

Section:	Number of CD's or NR's:
1.0 Administration	5
2.0 SABG Monitoring	2
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	1
5.0 Primary Prevention	0
6.0 Cultural Competence	0
7.0 CalOMS and DATAR	2
8.0 Privacy and Information Security	1

PREVIOUS CAPs

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

2014-15:

CD 5 CalOMS Tx: Open Admissions Report

2015-16:

CD 10 CalOMS Tx: Open Admissions Report

2016-17:

CD 1.7: The County does not include provisions within subcontracted provider contracts.

CD 3.27: The County did not provide a copy of policies and procedures in place for monitoring and evaluating system of care, including a system for addressing problems that develop regarding waiting times and appointments.

CD 4.38: While the County provided outreach materials used to publicize preference in admitting pregnant women in all threshold languages, the County indicated the materials in Tagalog and Chinese were in draft format and have not been implemented within the County

CD 10.57b: Twelve (12) of the County's providers did not report any CalOMS Tx data, and did not generate a Provider No Activity (PNA) report.

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

CD 10.57.e: The County and its providers do not submit DATAR reports by the 10th of each month.

CD 11.62: The County does not renew employee's confidentiality statement annually.

CD 11.78: The County did not demonstrate a process in place for reporting breached or security incidents that include:

- Notifying DHCS immediately by telephone, e-mail, or fax, Notifying DHCS within 24 hours of a suspected security incident Utilizing "Privacy Security Incident Report" form Submitting "Privacy Incident Report" form within 72 hours Providing a complete report within 10 working days of breach or disclosure

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 1.4:

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

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

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

CD 1.8:

State County Contract, Exhibit A, Attachment I, Part I, Section 3, C

Contractor shall comply with the sub-recipient pre-award risk assessment requirements contained in 2 CFR Part 200 Uniform Administration Requirements, Cost Principles and Audit Requirements for Federal Awards. Contractor, grant second-tier sub-recipient (subcontractors) annually prior to making an award. Contractor subcontractor and retain documentation for audit purposes.

Finding: The County did not conduct the 2017-18 annual risk assessment for each subcontractor prior to making an award.

CD 1.9:

State County Contract, Exhibit A, Attachment I, Part I, Section 3, C

Contractor shall comply with the sub-recipient pre-award risk assessment requirements contained in 2 CFR Part 200 Uniform Administration Requirements, Cost Principles and Audit Requirements for Federal Awards. Contractor, grant second-tier sub-recipient (subcontractors) annually prior to making an award. Contractor subcontractor and retain documentation for audit purposes.

Finding: The County did not provide a copy of a pre-award risk assessment.

CD 1.12:

State County Contract, Exhibit A, Attachment I, Part I, Section 2, F

Contractor may use SABG discretionary funds to cover the cost of room and board of residents living in temporary, drug and alcohol free, transitional housing if the resident is actively engaged in treatment for a medically necessary SUD provided to the resident off-site.

Contractor shall develop guidelines for contracted housing providers and provide monitoring and oversight and fulfill all SABG reporting requirements. Contractors and subcontractors using SABG discretionary funds to cover the cost of room and board for transitional housing shall:

- 1. Facilitate the beneficiary's movement in recovery from a SUD to independent living and integration into post treatment return or re-entry into the community.*
- 2. Require that all individuals in the transitional housing be engaged in SUD treatment, off-site, at all times during the individual's stay.*
- 3. Ensure payment of room and board expenses for a residential stay be limited to short term (up to 24 months).*
- 4. Ensure the transitional housing be secure, safe, and alcohol and drug free.*

Finding: The County did not demonstrate how active treatment engagement is monitored for beneficiaries in transitional housing.

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: The Minimum Quality Treatment standards have not been implemented.

2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

COMPLIANCE DEFICIENCIES:

CD/NR 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 have the following SABG program requirements within their monitoring tool:

- County was missing the Fiscal Requirements
- Minimum Quality Drug Treatment Standards 2F(b) (New Requirement)

ADVISORY RECOMMENDATIONS:

AR 2.18:

- DHCS recommends the County label the Class Standards located in the County's monitoring tool.

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 program requirements.

4.0 ADOLESCENT/YOUTH TREATMENT (AYT)

The following deficiencies in Adolescent/Youth Treatment regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 4.32:

State-County Contract, Exhibit A, Attachment I, Part II, Q

Contractor must comply with the guidelines in Document 1 V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until new Youth Treatment Guidelines are established and adopted. No format amendment of this contract is required for new guidelines to be incorporated into this Contract.

Document 1V- Youth Treatment Guidelines Youth Treatment guidelines 2002, Section X. Administration, B, Program Staffing 1-3

Each youth treatment program should have at least the following core staff:

- 1. A program or clinical supervisor, who should have management experience (i.e., staff supervision, fiscal operations, or business administration), and education and experience in AOD addiction counseling;*
- 2. An AOD counselor, who should be certified by an AOD addiction counselor credentialing organization; and ,*
- 3. A family therapist, who should be licensed as either a marriage and family therapist, clinical social worker, psychologist, or a registered intern under the supervision of a licensed therapist. The family therapist may be a contracted employee.*

Finding: The County did not identify the following core staff within the program that provides youth treatment services:

- A program or clinical supervisor
- An AOD counselor
- A family therapist

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 provides 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 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 8.49:

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

The County requested technical assistance for the following items:

CalOMS-Tx/DATAR – San Mateo County requests technical assistance with entering and submitting their monthly CalOMS Tx data into ITSW. DHCS analyst has been contacted and referral has been made.

Perinatal – San Mateo County requests technical assistance with how to support women with postpartum and support transmen and gender non – confirming individuals.



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

August 21, 2018

Sent via e-mail to: CBoyden@smcgov.org

Clara Boyden, AOD Administrator
San Mateo County Behavioral Health & Recovery Services
310 Harbor Blvd, Bldg E
Belmont, CA 94002

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

Dear Administrator Boyden:

Enclosed are the results of San Mateo 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 Mateo 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, new requirements, and referral for technical assistance.

San Mateo County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 9/21/2018. 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,

Rotna Simmons
(916) 713 - 8573
rotna.simmons@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
San Mateo County

Distribution:

To: Administrator Boyden

CC: Don Braeger, Substance Use Disorders - Program, Policy and Fiscal Division, Division Chief
Tracie Walker, Performance & Integrity Branch, Chief
Denise Galvez, Policy and Prevention Branch, Chief
Cynthia Hudgins, Quality Monitoring Section, Chief
Janet Rudnick, Utilization Review Section, Chief
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Vanessa Machado, Policy and Prevention Branch, Office Technician

Date: August 21, 2018

Report Prepared by: *Rotna Simmons, County Performance Analyst*
Manager Approval: *Susan Jones, County Performance Supervisor*

Lead CPU Analyst: Rotna Simmons	Review Date: 5/23/18-5/25/18
Assisting CPU Analysts : Emily Bautista	
County Name: San Mateo	Review Period: FY 2017-18
County Address: 310 Harbor Blvd, Bldg E Belmont, CA 94002	

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 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 CD and NR.
- 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.

SUMMARY OF FY 2017-18 COMPLIANCE DEFFICIENCIES (CD's or NR's)

Section:	Number of CD's or NR's:
1.0 Administration	1
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	1
7.0 Quality	2
8.0 Program Integrity	0

1.0 ADMINISTRATION

A review of the administrative trainings, 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 1.2:

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

Professional staff (LPHAs) shall receive a minimum of five (5) hours of continuing education related to addiction medicine each year.

Finding: Evidence was not found demonstrating that Professional Staff (LPHAs) receive five hours of continuing education annually.

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.

ii. 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 Plan did not provide a finalized copy of the beneficiary handbook. The drafted handbook provided did not follow the DHCS approved template. The beneficiary handbook was missing the following required elements:

- Taglines
- Information for Members Who Have Trouble Reading
- Partial Hospitalization
- Opioid Treatment
- Early Period Screening, diagnosis, and treatment
- How do I get DM-ODS services
- Where can I get DMC-ODS services?
- After Hour Care
- Does Medi-Cal Cover Transportation?
- What are my responsibilities?

CD 2.12:

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

Information Requirements (42 CFR §438.10).

- iv. 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.*

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xiv. d, i-iv.

- d. The beneficiary handbook will be considered to be provided if the Contractor:
- i. Mails a printed copy of the information to the beneficiary's mailing address;
 - ii. Provides the information by email after obtaining the beneficiary's agreement to receive the information by email;
 - iii. Posts the information on the Contractor's website and advises the beneficiary in paper or electronic form that the information is available on the Internet and includes the applicable Internet address, provided that beneficiaries with disabilities who cannot access this information online are provided auxiliary aids and services upon request at no cost; or
 - iv. Provides the information by any other method that can reasonably be expected to result in the beneficiary receiving that information.

Finding: The Plan's member handbook was not prominently and readily accessible on the Plan's website.

NR 2.17:

MHSUDS Information Notice 18-020

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:

- *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 is missing the following required element(s):

- 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 4.30:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 1, ii, a.

- i. The Contractor shall, consistent with the scope of its contracted services, meet the following requirements:*
 - a. Maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under this Agreement for all beneficiaries, including those with limited English proficiency or physical or mental disabilities;*

Intergovernmental Agreement Exhibit A, Attachment I, III, E, 1, i-iii.

Availability of Services

- 1. In addition to the availability of services requirements set forth in Article II.E.1 of this Agreement, the Contractor shall:*
 - i. Consider the numbers and types (in terms of training, experience and specialization) of providers required to ensure the availability and accessibility of medically necessary services;*
 - ii. Maintain and monitor a network of appropriate providers that is supported by written agreements for subcontractors and that is sufficient to provide its beneficiaries with adequate access to all services covered under this Agreement.*
 - iii. In establishing and monitoring the network, document the following:*
 - a. The anticipated number of Medi-Cal eligible beneficiaries.*
 - b. The expected utilization of services, taking into account the characteristics and SUD treatment needs of beneficiaries.*
 - c. The expected number and types of providers in terms of training and experience needed to meet expected utilization.*
 - d. The numbers of network providers who are not accepting new beneficiaries.*
 - e. The geographic location of providers and their accessibility to beneficiaries, considering distance, travel time, means of transportation ordinarily used by Medi-Cal beneficiaries, and physical access for disabled beneficiaries.*

Finding: The Plan does not have a documented process for monitoring its network's time and distance standards for beneficiaries accessing SUD services.

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 Plan did not provide finalized copies of the following DHCS-approved notice templates:

- Denial Notice
- Payment Denial Notice
- Delivery System Notice
- Modification Notice
- Termination Notice
- Timely Access Notice
- Financial Liability Notice
- NOABD Your Rights Attachment
- Adverse Benefit Determination Upheld
- NAR Your Rights Attachment
- Adverse Benefit Determination Overturned
- 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 7.45:

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 7.

The Contractor shall have mechanisms to detect both underutilization of services and overutilization of services, as required by Article II.F.1 of this Agreement.

Finding: The Plan did not provide a written process for detecting underutilization and over utilization of services.

CD 7.51:

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 8.

Operation of the QI program shall include substantial involvement by a licensed SUD staff person.

Finding: The Quality Improvement Program does not include a Licensed SUD staff person.

10.0 TECHNICAL ASSISTANCE

The Plan did not request any Technical Assistance during this review.