



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

April 8, 2019

Sent via e-mail to: andreakuhlen@co.imperial.ca.us

Andrea Kuhlen, Director
Imperial County Behavioral Health Services
202 N. Eighth St.
El Centro, CA 92243

SUBJECT: Annual County Performance Unit Report

Dear Director Kuhlen:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Substance Abuse Block Grant (SABG) Contract operated by Imperial County.

The County Performance Unit (CPU) within the Substance Use Disorder Program, Policy, and Fiscal Division (SUDPPFD) of DHCS conducted a review of the County's compliance with contract requirements based on responses to the monitoring instrument, discussion with county staff, and supporting documentation provided by the County.

Enclosed are the results of Imperial County's 2018-19 SABG compliance review. The report identifies deficiencies. The report identifies deficiencies, required corrective actions, new requirements, and referrals for technical assistance.

Imperial County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst, Mr. Michael Ulibarri, by 5/8/2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to Mr. Ulibarri at Michael.Ulibarri@dhcs.ca.gov or mailed to the address listed below.

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

Jamari Robinson
(916) 713-8667
jamari.robinson@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>

Distribution:

To: Director Andrea Kuhlen

CC: Tracie Walker, Performance & Integrity Branch Chief
Sandi Snelgrove, Policy and Prevention Chief
Janet Rudnick, Utilization Review Section Chief
Cynthia Hudgins, Quality Monitoring Section Chief
Susan Jones, County Performance Supervisor
Tianna Hammock, Drug Medi-Cal Monitoring Unit I Supervisor
Stephanie Quok, Drug Medi-Cal Monitoring Unit II Supervisor
Tiffany Stover, Postservice Postpayment Unit I Supervisor
Eric Painter, Postservice Postpayment Unit II Supervisor
Vanessa Machado, Policy and Prevention Branch Office Technician
Gabriela Jimenez, Imperial County Deputy Director
Jessica Perea, Imperial County Administrative Analyst

Lead CPU Analyst: Jamari Robinson	Date of Review: 3/12/2019
County: Imperial County	County Address: 202 N. Eighth St. El Centro, CA 92243
County Contact Name/Title: Jessica Perea/Administrative Analyst	County Phone Number/Email: (422) 265-1602 JessicaBrambila@co.imperial.ca.us
Report Prepared by: Jamari Robinson	Report Approved by: Susan Jones

REVIEW SCOPE

- I. Regulations:
 - a. 22 CCR § 51341.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
 - c. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block
 - d. HSC, Division 10.5, Section 11750 – 11970: State Department of Health Care

- II. Program Requirements:
 - a. State Fiscal Year (SFY) 2018-19 State County Contract, herein referred to as State County Contract
 - b. State of California *Youth Treatment Guidelines Revised August 2002*
 - c. DHCS *Perinatal Services Network Guidelines SFY 2016-17*
 - d. National Culturally and Linguistically Appropriate Services (CLAS)
 - e. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at
following individuals were present:

on 3/12/2019. The

- Representing DHCS:
Jamari Robinson, Associate Governmental Program Analyst
Austin Trujillo, Associate Governmental Program Analyst
Michael Ulibarri, Associate Governmental Program Analyst
- Representing Imperial County:
Jessica Perea, Administrative Analyst
Sarah Moore, Behavioral Health Manager
Gabriela Jimenez, Deputy Director
Ana Contrenes, Behavioral Health Manager
Victoria Mansfield, Program Supervisor
Marlene Gavilan, Accountant Auditor
Victor Manriquez, Fiscal Supervisor
Sonia Contreras, Administrative Analyst
Gabriela Izaguirre Administrative Analyst
Jonathan Garcia, Analyst
Yannwen Braun-Liang, Program Supervisor
Matthew Smith, Program Supervisor

During the Entrance Conference the following topics were discussed:

Introductions
Overview of Monitoring Purpose and Process
County System of Service Overview

Exit Conference:

An exit conference was conducted at
following individuals were present:

on 3/14/2019. The

- Representing DHCS:
Jamari Robinson, AGPA
Austin Trujillo, AGPA
Michael Ulibarri, AGPA
- Representing Imperial County:
Jessica Perea, Administrative Analyst
Sarah Moore, Behavioral Health Manager
Gabriela Jimenez, Deputy Director
Ana Contrenes, Behavioral Health Manager
Victoria Mansfield, Program Supervisor
Marlene Gavilan, Accountant Auditor
Victor Manriquez, Fiscal Supervisor
Sonia Contreras, Administrative Analyst

Gabriela Izaguine Administrative Analyst
Jonathan Garcia, Analyst
Yannwen Braun-Liang, Program Supervisor
Matthew Smith, Program Supervisor

During the Exit Conference the following topics were discussed:

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

CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 3, 7, (a-d) 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.

Please provide the following within the completed 2018-19 CAP.

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

The CPU analyst will monitor progress of the CAP completion.

SUMMARY OF FY 2018 19 COMPLIANCE DEFICIENCIES

Section:	Number of CD':
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	0

1.0 ADMINISTRATION

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

COMPLIANCE DEFICIENCY:

CD 1.5:

SABG State-County Contract Exhibit A, Attachment I AI, Part II, B
Hatch Act: Contractor agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

SABG State-County Contract Exhibit A, Attachment I AI, Part II, Y
Subcontract Provisions: Contractor shall include all of the foregoing Part II general provisions in all of its subcontracts.

Finding: The County did not demonstrate subcontractor staff compliance with the Hatch Act.

**7.0 CALIFORNIA OUTCOMES MEASUREMENT SYSTEM TREATMENT (CalOMS Tx)
AND DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR)**

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

COMPLIANCE DEFICIENCIES:

CD 7.34.a:

SABG State-County Contract, Exhibit A, Attachment I A1, Part III, B, 3, 5, 6

- (3) Electronic submission of CalOMS-Tx data shall be submitted by Contractor within 45 days from the end of the last day of the report month.*
- (5) Contractor shall submit CalOMS-Tx admissions, discharge, annual update, resubmissions of records containing errors or in need of correction, and “provider No activity” report records in an electronic format approved by DHCS.*
- (6) Contractor shall comply with the CalOMsTx Data Compliance Standards established by DHCS identified in Document 3S for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.*

SABG State-County Contract, Exhibit A, Attachment I A1, Part III, D, 6

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

Finding: The County’s open provider report is not current.

CD 7.34.b:

SABG State-County Contract, Exhibit A, Attachment I A1, Part III, B, 3, 5, 6

- (3) Electronic submission of CalOMS-Tx data shall be submitted by Contractor within 45 days from the end of the last day of the report month.*
- (5) Contractor shall submit CalOMS-Tx admissions, discharge, annual update, resubmissions of records containing errors or in need of correction, and “provider No activity” report records in an electronic format approved by DHCS.*
- (6) Contractor shall comply with the CalOMsTx Data Compliance Standards established by DHCS identified in Document 3S for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.*

SABG State-County Contract, Exhibit A, Attachment I A1, Part III, D, 6

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

Finding: The County’s open admission report is not current.

CD 7.34.c:

SABG State-County Contract, Exhibit A, Attachment I A1, Part III, E, (1) & (3)

- (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.*
- (3) 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's DATAR report is not current.

10.0 TECHNICAL ASSISTANCE

The County did not make any request for technical assistance during this FY site review.



JENNIFER KENT
DIRECTOR

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



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April 8, 2019

Sent via e-mail to: andreakuhlen@co.imperial.ca.us

Andrea Kuhlen, MPA, Director, AOD Administrator
2965 South 4th Street
El Centro, CA 92243

SUBJECT: Annual County Performance Unit Report

Dear Director Kuhlen,

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

The County Performance Unit (CPU) within the Substance Use Disorder Program, Policy, and Fiscal Division (SUDPPFD) of DHCS conducted a review of the County's compliance with contract requirements based on responses to the monitoring instrument, discussion with county staff, and supporting documentation provided by the County.

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

Imperial County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 5/8/2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to the CPU analyst or mailed to the address listed below.

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,
Michael Ulibarri
(916)713-8967
michael.ulibarri@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>

Distribution:

To: Andrea Kuhlen, MPA, Director, AOD Administrator

CC: Don Braeger, Substance Use Disorders - Program, Policy and Fiscal Division, Chief
Tracie Walker, Performance & Integrity Branch, Chief
Cynthia Hudgins, Quality Monitoring Section, Chief
Janet Rudnick, Utilization Review Section, Chief
Susan Jones, County Performance Unit, Supervisor
Tianna Hammock, Drug Medi-Cal Monitoring Unit I, Supervisor
Stephanie Quok, Drug Medi-Cal Monitoring Unit II, Supervisor
Tiffany Stover, Postservice Postpayment Unit I, Supervisor
Eric Painter, Postservice Postpayment Unit II, Supervisor
Vanessa Machado, Policy and Prevention Branch, Office Technician
Gabriela Jimenez, Deputy Director Adult & Older Adult Services

Lead CPU Analyst: Austin Trujillo	Date of Review: 3/13/2019 - 3/14/2019
Assisting CPU Analyst(s): Jamari Robinson Michael Ulibarri	Date of DMC-ODS Implementation: 6/18/2018
County: Imperial County	County Address: 2965 South 4 th Street El Centro, CA 92243
County Contact Name/Title: Gabriela Jimenez / Deputy Director	County Phone Number/Email: (760) 482-2133
Report Prepared by: Michael Ulibarri	Report Approved by: Susan Jones

REVIEW SCOPE

- I. Regulations:
 - a. Special Terms and Conditions (STCs) for California’s Medi-Cal 2020 section 1115(a) Medicaid Demonstration STC, Part X: Drug Medi-Cal Organized Delivery System
 - b. 42 CFR; Chapter IV, Subchapter C, Part 438; §438.1 through 438.930: Managed Care
- II. Program Requirements:
 - a. State Fiscal Year (SFY) 2018-19 Intergovernmental Agreement (IA)
 - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 1699 W. Main Street Suite A, El Centro, CA 92243 on 3/13/2019. The following individuals were present:

- Representing DHCS:
Austin Trujillo, Associate Governmental Program Analyst
Jamari Robinson, Associate Governmental Program Analyst
Michael Ulibarri, Associate Governmental Program Analyst
- Representing Imperial County:
Ana Contreras, Behavioral Health Manager
Gabriela Izaguire, Administrative Analyst
Yaunwen Braun-Liang, Program Support
Sonia Contieras, Administrative Analyst
Jessica Perea, Administrative Analyst
Sarah Moore, Behavioral Health Manager
Jonathan Garcia, Analyst
Gabriela Jiminez, Deputy Director
Sonia Contieras, Administrative Analyst
Victoria Manssfield, Program Supervisor

During the Entrance Conference the following topics were discussed:

- Introductions
- County provided an overview of the County and the services available
- DHCS provided an overview of the review

Exit Conference:

An exit conference was conducted at 1699 W. Main Street Suite A, El Centro, CA 92243 on 3/14/2019. The following individuals were present:

- Representing DHCS:
Austin Trujillo, Associate Governmental Program Analyst
Jamari Robinson, Associate Governmental Program Analyst
Michael Ulibarri, Associate Governmental Program Analyst
- Representing Imperial County:
Ana Contreras, Behavioral Health Manager
Gabriela Izaguire, Administrative Analyst
Yaunwen Braun-Liang, Program Support
Sonia Contieras, Administrative Analyst
Jessica Perea, Administrative Analyst
Sarah Moore, Behavioral Health Manager
Jonathan Garcia, Analyst
Gabriela Jiminez, Deputy Director
Sonia Contieras, Administrative Analyst
Victoria Manssfield, Program Supervisor

During the Exit Conference the following topics were discussed:

- Reviewed all follow-up items for both the County and DHCS.
- DHCS outlined the next steps and when the County should expect their final report.

SUMMARY OF SFY 2018 19 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's and NR's:
1.0 Administration	1
2.0 Member Services	1
3.0 Service Provisions	1
4.0 Access	1
5.0 Continuity and Coordination of Care	1
6.0 Grievance, Appeal, and Fair Hearing Process	1
7.0 Quality	1
8.0 Program Integrity	4

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.

Please provide the following within the completed 2018-19 CAP:

- 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 name of the individual who will be responsible for correction and ongoing compliance.

The CPU analyst will monitor progress of the CAP completion.

1.0 ADMINISTRATION

A review of the administrative trainings, policies, and procedures was conducted to ensure compliance with applicable regulations and standards. The following deficiency in administration requirements was identified:

COMPLIANCE DEFICIENCY:

CD 1.2:

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

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

Finding: The Plan did not demonstrate professional staff (LPHAs) receive five (5) hours of continuing education annually.

2.0 MEMBER SERVICES

The following deficiencies in the Member Services requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.10:

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.

- 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:

- Transition of Care Request

3.0 SERVICE PROVISION

The following deficiencies in Service Provision requirements were identified:

COMPLIANCE DEFICIENCY:

CD 3.19:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 9, i.

- i. The Contractor shall adopt practice guidelines that meet the following requirements:
 - a. Are based on valid and reliable clinical evidence or a consensus of providers in the particular field;
 - b. Consider the needs of the Contractor's beneficiaries;
 - c. Are adopted in consultation with contracting health care professionals; and
 - d. Are reviewed and updated periodically as appropriate.

Finding: The Plan did not demonstrate the Plan's practice guidelines are reviewed and updated periodically.

4.0 ACCESS

The following deficiency in Access regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 4.30:

Intergovernmental Agreement Exhibit A, Attachment I, III, F, 3, iii, a.

iii. Provide prior authorization for residential services within 24 hours of the prior authorization request being submitted by the provider.

a. Prior authorization is prohibited for non-residential DMC-ODS services.

Intergovernmental Agreement Exhibit A, Attachment I, III, F, 3, v.

v. Have written policies and procedures for processing requests for initial and continuing authorization of services.

Finding: The Plan's submitted protocol does not ensure that prior authorization for residential services will be provided within 24 hours after the request is submitted by the provider.

5.0 COORDINATION OF CARE

The following deficiency in Coordination of Care for regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 5.33:

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

- 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 does not have coordination of care procedures.

6.0 GRIEVANCE, APPEAL, AND FAIR HEARING

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

COMPLIANCE DEFICIENCY:

CD 6.38:

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.

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

- Delay in Processing Authorization of Services
- Failure to Timely Resolve Grievances and Appeals

7.0 QUALITY

The following deficiency in quality regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 7.50:

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

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

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

2. 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 following CalOMS Tx reports are non-compliant:

- Open Admissions Report
- Open Providers Report

8.0 PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCIES:

CD 8.58:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 4, i – ii.

- i. The substance use disorder medical director's responsibilities shall at a minimum include all of the following:
 - a. Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
 - b. Ensure that physicians do not delegate their duties to non-physician personnel.
 - c. Develop and implement medical policies and standards for the provider.
 - d. Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.
 - e. Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
 - f. Ensure that provider's physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries
 - g. Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.
- ii. The substance use disorder medical director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the substance use disorder medical director shall remain responsible for ensuring all delegated duties are properly performed..

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, v.

- v. Written roles and responsibilities and a code of conduct for the medical director shall be clearly documented, signed and dated by a provider representative and the physician.

Finding: The Plan's written roles and responsibilities did not meet the following requirement(s):

- Ensure that physicians do not delegate their duties to non-physician personnel
- Develop and implement medical policies and standards for the provider
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations

CD 8.59:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 4, i, c.

- i. The substance use disorder medical director's responsibilities shall at a minimum include all of the following:
 - c. Develop and implement medical policies and standards for the provider.

Finding: The Plan did not provide a copy of medical policies and standards developed by a provider's Medical Director.

CD 8.61:

Intergovernmental Agreement Exhibit A, Attachment I, III. HH, 1-2.

All complaints received by Contractor regarding a DMC certified facility shall be forwarded to:
Submit to Drug Medi-Cal Complaints:

Department of Health Care Services
P.O. Box 997413
Sacramento, CA 95899-7413

Alternatively, call the Hotlines:

Drug Medi-Cal Complaints/Grievances: (800) 896-4042
Drug Medi-Cal Fraud: (800) 822-6222

Complaints for Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities may be made by telephoning the appropriate licensing branch listed below:

SUD Compliance Division:
Public Number: (916) 322-2911
Toll Free Number: (877) 685-8333
The Complaint Form is available and may be submitted online:
<http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>

Counties shall be responsible for investigating complaints and providing the results of all investigations to DHCS's e-mail address by secure, encrypted e-mail to SUDCountyReports@dhcs.ca.gov within two (2) business days of completion.

Finding: The Plan does not forward complaints regarding DMC certified facilities to Drug Medi-Cal Complaints. The Plan does not forward complaints regarding Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities to SUD Compliance Division. The Plan does not submit results of investigations to the SUDCountyReports mailbox within two (2) business days.

CD 8.63:

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

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

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