



CYNTHIA A. HARDING, M.P.H.
Interim Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Interim Health Officer

Substance Abuse Prevention and Control

Wesley L. Ford, M.A., M.P.H.
Director
1000 South Fremont Avenue
Building A-9 East, Third Floor
Alhambra, CA 91803
TEL (626) 299-4193 • FAX (626) 458-7637

www.publichealth.lacounty.gov

BOARD OF SUPERVISORS

Hilda L. Solis
First District
Mark Ridley-Thomas
Second District
Sheila Kuehl
Third District
Don Knabe
Fourth District
Michael D. Antonovich
Fifth District

SAPC BULLETIN NO. 15-01-DMC

January 16, 2015

TO: Los Angeles County Drug Medi-Cal Contracted Treatment Providers
FROM: Wesley L. Ford., M.A., M.P.H., Director *WJ*
Substance Abuse Prevention and Control
SUBJECT: **RISK ASSESSMENT TOOL AND EVALUATION (R.A.T.E.) SYSTEM**

The Los Angeles County Board of Supervisors recently instructed Substance Abuse Prevention and Control (SAPC) to develop a system that would increase the integrity of the Drug Medi-Cal (DMC) program and ensure a uniform response to deficiencies identified through the contract monitoring process. SAPC has developed the Risk Assessment Tool and Evaluation (R.A.T.E.) system (copy attached) which was implemented effective January 2, 2015.

SAPC will use the R.A.T.E. system to evaluate the contract agency's compliance with major contractual requirements in four (4) areas: administration, personnel, client treatment, and medical oversight. The administration review includes examination of DMC certification, licensure, and treatment documentation. The remaining areas are evaluated against mandatory thresholds of compliance. Deficiencies above these thresholds are assigned points and then totaled for a final agency score. The final score and administrative area deficiencies then dictate required action by SAPC, including requiring the submission of a corrective action plan, conducting a more intensive review, referral to the State's Department of Health Care Services, withholding reimbursement funds, and/or contract suspension/termination.

If you have any questions, please contact the Contract Services Division office at (626) 299-4532, or your Contract Program Auditor directly.

WLF:AR:dd

Attachment

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL**

RISK ASSESSMENT TOOL & EVALUATION (R.A.T.E.)

1. ADMINISTRATION		
Reference	Evaluation Criteria	SAPC Action
DMC Statement Of Work	DMC certificate terminated	Termination
DMC Statement Of Work	DMC certificate suspended	Suspension
DMC Contract: Reporting of Child Abuse or Neglect	Contractor reported any child or elder abuse incident or allegation	Intensive Review
DMC Statement Of Work	All services being conducted at certified (DMC/AOD) or contracted sites	Hold Payment
DMC Contract: Staff Certification and Licensing	Medical Director's license is active and non-restricted	Hold Payment
DMC Statement of Work, June 3, 2010 Memo, Title 22, Sec. 51341.1(h)(2)(A)(ii)(b)	No treatment documentation (progress notes, treatment plans, sign-in sheets, admission documents, waivers, etc.) was pre-dated, pre-generated, backdated, pre-signed, or post signed	Intensive Review/ Referral to DHCS

2. PERSONNEL			
Reference	Personnel Review	Non-Compliance Threshold	Points
Title 9, Division 4, Chapter 8, Subchapter 2, Sec. 13010, DMC Contract, Staff Certification and Licensing	COUNSELING STAFF ONLY: Counselor certification/registration is current	25%	10
DMC Contract: Services for Youth	YOUTH STAFF ONLY: DOJ and FBI cleared	25%	5
DMC Contract: Financial Records	Staff timesheets are complete and reflect actual time worked	25%	5
DMC Contract: Performance Measures	Provider met Performance Benchmarks (PB) for quarter monitored	33%	5

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL**

RISK ASSESSMENT TOOL & EVALUATION (R.A.T.E.)

3. CLIENT TREATMENT			
Reference	Client File Review	Non-Compliance Threshold	Points
Title 22, Sec. (h)(5)(i)(ii)(D)	Six-month and/or annual treatment extensions meet deadline regulations and are signed by all mandated individual	33%	10
Title 22, Sec. 51341.1(h)(2)(A)(iii)(a)	Treatment plans, including updates, are within deadline regulations, signed by all required individuals and are consistent with intake information	25%	20
Title 22, Sec. 51341.1(h)(3)	Documentation for individual sessions meet DMC criteria	25%	20
Title 22, Sec. 51341.1(h)(3)(A)(i), Exhibit, Paragraph 5	All documentation to support services (i.e. sign-in sheets, progress notes, etc.) billed are complete (i.e., signed, dated, location, etc.)	20%	25

4. MEDICAL OVERSIGHT			
Reference	Medical Review	Non-Compliance Threshold	Points
Title 22, Sec. 51341.1(h)(1)(A)(iii)(b)	Physical Exam filed and signed by Medical Director	15%	20
Title 22, Sec. 51341.1(h)(1)(A)(iii)(b)	Physician established medical necessity consistent with Section 51303	10%	25

Final Agency Score

69 and below
70 - 79
80 - 89
90+

Action to be taken

Provider must address issue in a Corrective Action Plan (CAP)
Payment suspended until issue resolved
Contract suspension
Contract termination