STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF IMPROVEMENT AND INTEGRITY

GREATER NASHUA COUNCIL ON ALCOHOLISM

SITE REVIEW REPORT

July 5, 2018

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF IMPROVEMENT AND INTEGRITY
FINANCIAL COMPLIANCE UNIT

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ACRONYMS AND DEFINITIONS

Acronyms	Definitions
ACT	Assertive Community Treatment Team
ASAM	American Society of Addiction Medicine Criteria
BDAS	Bureau of Drug and Alcohol Services
BEAS	Bureau of Elderly and Adult Services
BII	Bureau of Improvement and Integrity
BMHS	Bureau of Mental Health Services
BOD	Board of Directors
CDC	Centers for Disease Control
CEO	Chief Executive Officer
CMHC	Community Mental Health Center
CRSW	Certified Recovery Support Worker
DHHS	Department of Health and Human Services
DFA	Division of Family Assistance
ED	Emergency Department
EFSD	Ethical Framework for Service Delivery
FFY	Federal Fiscal Year
FPL	Federal Poverty Level
GNCA	Greater Nashua Council on Alcoholism
HHI	Harbor Homes, Inc
HBSP	Housing Bridge Subsidy Program
HMIS	Homeless Management Information System
HR	Human Resources
HUD	Housing and Urban Development
LADC	Licensed Alcohol and Drug Counselor
MAT	Medication Assisted Treatment
MCO	Managed Care Organization
MCRT	Mobile Crisis Response Team
MLADC	Master Licensed Alcohol and Drug Counselor
MOU	Memorandum of Understanding
OIC	Other Issues and Concerns
PCP	Primary Care Provider
PLD	Peer Leader Development
RSA	Revised Statute Annotated
QI	Quality Improvement
SAMHSA	Substance Abuse and Mental Health Services Administration

SAPT	Substance Abuse Prevention and Treatment
SFY	State Fiscal Year
SMART	Specific Measurable Attainable Realistic Timely
SUD	Substance Use Disorders
TANF	Temporary Assistance for Needy Families
TB	Tuberculosis

EXECUTIVE SUMMARY

A team of the Department of Health and Human Services (DHHS) staff conducted a program review of Greater Nashua Council on Alcoholism (GNCA) on February 15 and 16, 2018. GNCA receive monies through many different funding sources. Some of these sources include:

- State General Funds
- Governor Commission Funds
- Substance Abuse and Mental Health Services Administration (SAMHSA) Funds
- Temporary Assistance for Needy Families (TANF) Funds
- Medicaid Funds
- Housing and Urban Development (HUD) Funds

The review found a lack of internal controls leading to four instances of questioned costs where the Contractor did not have or did not submit backup documentation in numerous instances related to charges to State contracts.

Additionally, two programs reviewed showed inadequate contract performance:

- for the Open Doors Program, we found a lack of backup documentation such as leases; and
- for the Substance Use Disorder Program, we found inadequate documentation of client progress with treatment objectives, progress in treatment, or compliance with the American Society of Addiction Medicine (ASAM) standards.

Our report recommendations suggest the Contractor develop adequate internal controls including policies and procedures, standardized document requirements, and staff training to ensure contract provisions are met and contracts are charged appropriately. Additionally, program managers must be included in development of program budgets and financial reporting to the Board of Directors.

Best Practice Efforts

The agency has recently hired a Corporate Compliance and Risk Management Officer to review current practices including interagency activities and federal funds subrecipient compliance. The Compliance Officer is already engaged in standardizing documentation for Human Resources and other files and engaging program managers in file reviews for continuous monitoring. Additionally, we found a robust process for onboarding new board members and for board oversight of agency policies and procedures.

BACKGROUND

This review is one element of an ongoing monitoring process and was conducted in accordance with the Standard Exhibit C, Section 9.1 of the contract. This section of the contract states:

> "During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts."

The review focused primarily on contract and administrative rule compliance as well as a general financial review. Weaknesses as well as opportunities for improvement were identified through an evaluation of the various steps completed by the project team.

Keystone Hall is a non-profit organization that provides comprehensive residential and outpatient substance use disorder treatment, prevention, and recovery supports to NH community members, including men, women, adolescents, and families, including:

- Housing and Residential Services
- Supportive Services
- Full service health care clinic
- 24/7 Addiction Crisis line
- Workforce development and employment assistance
- Case Management
- Veterans services
- Outpatient services
- Mental health and behavioral health care

PURPOSE, SCOPE AND METHODOLOGY

The project team consisted of several members from the Bureau of Drug and Alcohol (BDAS), a staff member from the Bureau of Mental Health Services (BMHS) and a staff member from the Bureau of Improvement and Integrity and Information (BII). GNCA was notified of the review in advance and sent a detailed letter describing the review and requesting financial information.

A team of DHHS staff conducted a review GNCA February 15 and 16, 2018. GNCA receive monies through many different funding sources. Some of these sources include:

- State General Funds
- Governor Commission Funds
- Substance Abuse and Mental Health Services Administration (SAMHSA) Funds
- Temporary Assistance for Needy Family (TANF) Funds
- Medicaid Funds
- Housing and Urban Development (HUD) Funds

The purpose of the review was to:

- Assess compliance with state administrative rules and DHHS contracts.
- Review documentation supporting claims submitted to DHHS for reimbursement
- Identify opportunities for technical assistance from DHHS
- Identify best practices

The scope included review of:

- Program descriptions;
- Required components of personnel files;
- Agency policy and procedures;
- Billing invoices and payroll;
- Client records
- Board of Directors' (BOD) questionnaire
- Staff interviews
- Human Resources (HR) files

SECTION I. GENERAL for GNCA

Contract Requirement: According to Exhibit K, Section 7.6 states, "The contractor shall maintain and store in a secure and confidential manner, a current personnel file for each employee… A personnel file shall include, at a minimum, the following:"
Exhibit K, Section 7.6.4 – "A copy of the current job description or agreement, signed by the individual…."
Exhibit K, Section 7.6.9 – "Written performance appraisals for each year of employment including description of any corrective actions…."

Observations:
DHHS reviewed five random personnel files. At the time of the review, not all of the files contained a current job description or current written performance appraisals.

Recommendation:
All personnel files should contain current job descriptions and annual performance evaluations.

Contract Agency Response:
Under the direction of the new Human Resources Director, all employee files with missing job descriptions and annual reviews have been identified. Human Resources is committed to working with the management team to ensure all files contain current job descriptions and annual performance evaluations by October 1, 2018.

Contract Requirement: According to Exhibit K, Section 7.3 states, "All staff including contracted staff shall:"

- **Exhibit K, Section 7.3.4 – "Receives an orientation within the first three days of work or prior to direct contact with clients which include:"**
  - **Exhibit K, Section 7.3.4.1 – "The contractor's code of ethics, including ethical conduct and the reporting of unprofessional conduct:"**
  - **Exhibit K, Section 7.3.4.2 – "The contractor's policies on client rights and responsibilities and complaint procedures:"**
  - **Exhibit K, Section 7.3.4.4 – "Grievance procedures for both clients and staff…;"**
  - **Exhibit K, Section 7.3.4.5 – "The duties and responsibilities and the policies, procedures, and guidelines of the position they were hired for;"**
  - **Exhibit K, Section 7.3.4.6 – "Topics covered by both the administrative and personnel manuals;"**
  - **Exhibit K, Section 7.3.4.7 – "The contractor's infection prevention program"**
  - **Exhibit K, Section 7.3.4.9 – "Mandatory reporting requirements for**

abuse and neglect such as those found in RSA 161-F and RSA 169-C29"

- **Exhibit K, Section 7.3.5 – "Sign and date documentation that they have taken part in an orientation as described in 7.3.4"**

Observations:
DHHS reviewed five random personnel files. At the time of the review, not all of the files contained documentation regarding:

- The contractor's code of the ethics;
- The contractor's policies on client rights and responsibilities and complaint procedures;
- The grievance procedures for both clients and staff;
- The duties and responsibilities and the policies, procedures, and guidelines of the position they were hired for;"
- Topics covered by both the administrative and personnel manuals;
- The contractor's infection prevention program
- The signature and date ensuring that they had taken part in an orientation.

Recommendation:
GNCA should ensure all staff receives orientation and that such orientation is documented in personnel files.

Contract Agency Response:
Employee Orientation is required as part of the onboarding process of all new hires. Human Resources has updated the orientation checklist to include all required documents and will ensure that all personnel files are in compliance by October 1, 2018. Further, Human Resource is in the process of implementing a new electronic HR software. This software will enable Human Resources to electronically document new hire orientation and all of the forms required for onboarding new employees, including those named in the audit report. The new software is targeted for implementation by October 1, 2018.

Contract Requirement: According to Exhibit K, Section 7.4 states, "Prior to having contact with clients, employees and contracted employees shall:"
Exhibit K, Section 7.4.1.4 – "Results of a 2-step tuberculosis (TB) test, Mantoux method or other method approved by the Centers for Disease Control (CDC); and
Exhibit K, Section 7.4.1.5 – "The dated signature of the licensed health practitioner."

Observations:
DHHS reviewed five random personnel files. At the time of the review, not all of the files contained documentation regarding:

- The results of the TB test.
- A dated signature of the licensed health practitioner.

Recommendation:

- All applicable personnel files must have documentation indicating the results of the TB test and a dated signature of the licensed health practitioner.

Contract Agency Response:

All employees are required to obtain TB tests and receive a pre-hire physical. All personal and confidential paperwork such as medical tests, criminal checks and BEAS, are kept in separate files for privacy and confidentiality. At the time of the on-site review, we were unaware that the auditors wanted these files. As such, we did not provide the medical files to the auditors. The files will also be re-evaluated for uniformity, will contain a document checklist, and will be randomly audited by the HR Director and Compliance Officer.

SECTION II. Open Doors Contract

Only the financial components of the open door contract were reviewed.

Contract Requirement: According to Exhibit A, Section 1.2.1, "The Contractor shall ensure appropriate use of funds consistent with the Federally mandated purposes of the TANF program pursuant to 45 CFR 260.20 which may include: Food, clothing shelter (rental assistance), utilities, …for up to four months for an individual family."

Observations (Questioned Costs):
DHHS reviewed a list submitted by the agency of all rents paid on behalf of the clients to their respective landlords. It appears that some of rents paid were in excess of the allowable four months without prior written approval from DHHS.

DHHS selected payments from the general ledger made to the landlords and requested copies of 25 invoices. None of the invoices included copies of the leases as backup documentation, but rather were a purchase order from a GNCA program staff to GNCA finance staff, or emails from the Keystone staff requesting funds. There was no way to verify the amounts paid to the landlord.

An invoice for utilities payment to Liberty Utilities made on October 13, 2017 on behalf of a client did not indicate the client's name.

Recommendations:
All payments made to landlords must have proper backup documentation, to include a copy of the current signed lease. Submit copies of the leases or agreements with the landlords for all the clients that were served during SFY2018. If leases are not available please submit a written agreement from the landlord verifying the amount of rent paid for all of the clients in SFY2018.

All utilities paid on behalf of clients must have proper documentation such as a utility bill with the client's name on it. Submit all utility bills which were reimbursed by DHHS. The utility bill should be in the name of the client.

The agency must ensure program managers understand program and grant requirements prior to submitting bills for payment.

Contract Agency Response:
We noted that only one individual rather than several had received additional funds. This was a very extreme case whereby her criminal background history was a barrier to secure adequate housing. This client was in a facility for many more weeks as a result of no landlord being willing to accept her as a tenant. We went back to a frequented landlord and asked him to reconsider. The landlord agreed to take the client as a tenant with the stipulation that her last month's rent also be paid with the first check issued. The landlord stated that he has not had

very good luck with sustaining tenants once the four months are completed and they are off the assistance program. He stated that his tenants are leaving property damaged and leaving in the middle of the night to avoid confrontation regarding the collection of back rent. We are unable to substantiate if this was approved in advance. Given the email documentation supplied on one other inquiry of a tenant, we believe that it is likely that it was just not documented. We appreciate this issue being identified and although it appears to be an isolated incident, we will strive to ensure that all future documentation is in place.

Observation number 2 is in process of being completed as we have all existing client leases in the current files. We have obtained all but 3 of the former client leases. The remaining former landlords are not responding.

Observation #3 is in regards to the utility invoice not having the client name as required. However, the only check made out to Liberty Utilities was voided. The detail ledger showing that the check was voided was submitted to the auditor.

Contract Requirement: According to Exhibit A, Section 1.2.2, "The Contractor shall ensure appropriate use of funds consistent with the Federally mandated purposes of the TANF program pursuant to 45 CFR 260.20 which may include: Child care and transportation for up to four months for an individual family unless the parent is employed in which cases services can be extended."

Observation (Questioned Costs):
There were payments made to various child care facilities for day care. There was no supporting documentation from GNCA program staff to GNCA finance staff on any invoices reviewed.

Recommendation:
GNCA should submit receipts or tax forms for calendar year 2017 from the child care facilities paid during the audit period (July 1 to November 30, 2017) by June 15, 2017.

Contract Agency Response:
Staff is working with the childcare facilities to obtain the requested receipts or tax forms for the calendar year up to November 30, 2017 and will provide these to the auditors by July 1, 2018.

Contract Requirement: According to Exhibit C, Section 8. Maintenance of Records: "In addition to the eligibility records…, the Contractor covenants and agrees to maintain the following records during the Contract Period:"

Exhibit C, Section 8.1 – "Fiscal Records: books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance

with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department…."

Observation (Questioned Costs):
GNCA purchases bus passes for the clients. When auditors requested verification of purchases, internal purchase request forms were used for back up documentation for these passes. The agency later provided undated copies of receipts.

Recommendation:
All expenses paid by the contract must have complete and proper documentation submitted by vendors and attached to payment documents prior to requesting DHHS reimburse these costs.

Contract Agency Response:
Staff gathered the documentation from the bus agencies and this recommendation is completed.

Section III. SUD Treatment Contract

Requirement: According to Exhibit A, Sections 10.3 states, "The Contractor shall complete treatment plans for all clients based on clinical evaluation data within 3 days of the clinical evaluation (defined in Section 7.1.6) and must address all ASAM (2013) domains and shall:"

- **Exhibit A, Section 10.3.1 – "Be updated based on any changes in any American Society of Addiction Medicine Criteria (ASAM) domain and no less frequently than every 4 sessions or every 4 weeks, whichever is less frequent;"**
- **Exhibit A, Section 10.3.1 – "Have Treatment plan goals, objectives, and interventions written in terms that are specific, measurable, attainable, realistic and timely;"**
- **Exhibit A, Section 10.3.2 – "Evidence the client's involvement in identifying, developing, and prioritizing goals, objectives, and interventions."**

Observations:
The treatment plans are completed within the specified time frames; however, there was no evidence of ongoing updates on the files that were reviewed.

Of 14 files reviewed, one treatment plan reviewed did not have specific client center goal or problem statement. Other treatment goals were well written. Another plan that was reviewed was not specific, measurable, attainable, realistic and timely (SMART).

Not all of the treatment plans that were reviewed had evidence of client involvement.

Recommendations:
All treatment plans must have client center goals, a problem statement and be SMART.

All treatment plans must show evidence that the client was involved in identifying, developing, prioritizing goals, objectives and interventions.

When individual staff fail to meet the clinical standards for treatment planning, they will work with their clinical supervisor on a professional development plan to build skills in this area. When the majority of staff fail to meet the clinical standards for treatment planning, the agency should submit a plan of correction for Department approval.

The agency must ensure program managers understand program and grant requirements prior to submitting bills for payment.

Contract Agency Response:
In November, 2017 BDAS conducted training for Inpatient and Outpatient clinical staff. In May 2018 the Senior Clinical Quality Review Specialist conducted clinical documentation trainings to all IP and OP clinical staff.

Moving forward each program will have a minimum of two treatment plans reviewed by their supervisor on a weekly basis and a minimum of 5 treatment plans audited through Peer Review. All treatment plans that have been reviewed will be tracked by the program Director/Coordinator and submitted to the Clinical Quality Review Specialist during his/her supervision. Treatment plan reviews will be conducted to ensure that SMART goals, problem statements, objectives and interventions are included. Treatment plans will also be reviewed to ensure that they are client-centered and include clients' own words. The goals will be measurable and time specific.

We purchased the WILEY Treatment Planners to assist with training and development of individualized treatment plans. Staff with continued deficiencies will need to attend a SMART training whether internal or external.

Requirement: According to Exhibit A, Sections 10.4 states, "The Contractor shall provide case management to clients that includes, at a minimum, coordination or care with Medication Assisted Treatment, physical, behavioral health, and peer recovery support providers as applicable with the client's;"

- **Exhibit A, Section 10.4.1 – "Primary care provider and if the client does not have a primary care provider, the Contractor will make an appropriate referral to one and coordinate care with that provider."**
- **Exhibit A, Section 10.4.2 – "Behavioral health care provider when serving clients with co-occurring substance use and mental health disorders, and if the client does not have a mental health care provider, then the Contractor will make an appropriate referral to one and coordinate care with that provider."**
- **Exhibit A, Section 10.4.3 - "Medication assisted treatment provider."**
- **Exhibit A, Section 10.4.4 – "Peer recovery support provider, and if the client does not have a peer recovery support provider, the Contractor will make an appropriate referral to one and coordinate care with that provider. Such coordination will include actively coordinating with local recovery community organizations (where available) to bring peer recovery support providers into the treatment setting to meet with clients to describe available services and engage clients in peer recovery support services as applicable."**

Observations:
Of the 14 records reviewed, most of the records reviewed had no consent or coordination with the Primary Care Provider (PCP), and no coordination with mental health.

There appeared to be no coordination in the records reviewed with the Medication assisted treatment provider.

In one record, there was no evidence of peer support services given to client as a choice.

Recommendations:
All records must have consent forms and coordination with PCPs, mental health providers, and Medications assisted treatment providers.

The Contractor will make a referral to a peer support agency to bring peer recovery support providers into the treatment setting to meet with clients to describe available services and engage clients in peer recovery support services as applicable.

As a part of clinical supervision, the existence of consent forms and coordination efforts will be reviewed. In any cases where a staff member is not implementing this coordination consistently, the clinical supervisor will work with the staff member to improve in this area.

Contract Agency Response:
We will modify intake binder and have releases ready in the binder (e.g. DCYF, DOC, HH, PCP, MAT). Intake staff discuss coordination of care with external providers but, clients are reporting that they either do not want coordination of care or sometimes they do not have a provider. Moving forward during intake and on-going through their case managers, clients will be asked to sign an ROI and if they choose not to then this will be documented on the release. A Care Coordination checklist and signature sheet will list outside providers (DCYF, DOC, HH, PCP, MAT, etc).

Peer recovery supports come to the inpatient program to run weekly groups and bring clients to outside meetings. The program encourages clients to obtain sponsors and welcome sponsors to come to the program to meet with clients. This has not been consistently documented. Going forward, case managers and support staff will document peer recovery services that come into the program.

Through monthly quality record reviews, program directors/coordinators will audit for releases and care coordination with outside providers. These will be

documented through Survey Monkey tool and will be reviewed monthly by the Senior Clinical Quality Review Specialist.

DHHS Rejoinder:
The agency response does not address care coordination in instances a client presents without a primary care provider. The agency should develop policies and procedures to assist the client with engaging with such a provider; coordinating care once the provider is engaged; and documentation of client refusal to either engage with a provider or allow coordination of care with that provider.

The agency's reference to sponsors suggests that clients are being steered into 12-Step recovery programs. Clients should be exposed to a variety of peer support opportunities, not just those that are based in a 12-step philosophy.

Requirement: According to Exhibit A, Sections 10.6 states, "The Contractor will make continuing care, transfer, and discharge for all Services in Section 4, except for Transitional Living (See Section 10.1.6). The Contractor shall decisions based on ASAM (2013) criteria and complete continuing of care, transfer and discharge plans that address all ASAM (2013) domains as follows:"

- **Exhibit A, Section 10.6.1 – "Begin the process of discharge/transfer planning at the time of the client's intake to the program."**
- **Exhibit A, Section 10.6.2 – "Review the 3 criteria for continuing services or the 4 criteria for transfer/discharge, when addressing continuing care or discharge/transfer that include:"**
    - **Exhibit A, Section 10.6.2.1 – "Continuing Service Criteria A: The patient is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals; or"**
    - **Exhibit A, Section 10.6.2.2 – "Continuing Service Criteria B: The patient is not yet making progress, but has the capacity to resolve his or her problems. He/she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his/her treatment goals; and /or"**
    - **Exhibit A, Section 10.6.2.3 – "Continuing Service Criteria C: New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care which the patient is receiving treatment is therefore the least intensive level at which the patient's problems can be addressed effectively"**
    - **Exhibit A, Section 10.6.2.4, "Transfer/Discharge Criteria A: The Patient has achieved the goals articulated in the individualized treatment plan, thus resolving the problem(s) that justified admission**

to the present level of care. Continuing the chronic disease management of the patient's condition at a less intensive level of care is indicated; or"

- **Exhibit A, Section 10.6.2.5, "Transfer/Discharge Criteria B: The patient has been unable to resolve the problem(s) that justified the admission to the present level of care, despite amendments to the treatment plan. The patient is determined to have achieved the maximum possible benefit from engagement in services at the current level of care. Treatment at another level of care (more or less intensive) in the same type of services, or discharge from treatment, is therefore indicated; or"**

- **Exhibit A, Section 10.6.2.6, "Transfer/Discharge Criteria C: The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit his or her ability to resolve his or her problem(s). Treatment at a qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated; or"**

- **Exhibit A, Section 10.6.2.7, - "Transfer/Discharge Criteria D: The patient has experienced an intensification of his or her problem(s), or has developed a new problem(s), and can be treated effectively at a more intensive level of care."**

Observation:
According to the records reviewed, the patient's discharge is time based and is not supported by any clinical documentation. There is no assessment of progress with goals or discharge criteria. As a result, clients' length of services may have been incongruous with their clinical needs.

Recommendation:
All records must show evidence that the discharge/transfer planning begins at the time of the client's intake to the program.

To ensure contract compliance, GNCA must continually assess client progress toward goals and completely document attainment of goals and clinical progress at discharge.

When individual staff fail to meet the clinical standards for discharge/transfer planning, they will work with their clinical supervisor on a professional development plan to build skills in this area. When the majority of staff fails to meet the clinical standards for discharge/transfer planning, the agency will submit a plan of correction for Department approval.

Contract Agency Response:
Although currently GNCA's IP and OP programs are having discharge/transfer planning conversations as part of treatment sessions, this is only documented in progress notes. Staff have been reminded to begin discussing continuing care with clients upon admission into a program. This will be documented in the client's chart and updated as the clinical staff/case manager work with clients on developing transfer and discharge plans.

Continuing care plans will be reviewed through monthly quality record reviews. Staff with continued deficiencies will be required to attend continuing care planning training.

Contract Requirement: According to Exhibit C, Section 8. Maintenance of Records: "In addition to the eligibility records…, the Contractor covenants and agrees to maintain the following records during the Contract Period:"

Exhibit C, Section 8.1 – "Fiscal Records: books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department…."

Observation (Questioned Costs):
DHHS reviewed the invoice for two computer notebooks totaling $2,478. The invoice and an email indicated these were purchased for the Open Door contract. The invoice was posted to four different SUD programs. They were the "28 Day", "90 Day", "Transitional Living" and "Cynthia Day" programs.

Recommendation:
GNCA needs to adjust the charges from the SUD programs to the Open Door program for this capital purchase and provide backup documentation to show the transfer.

GNCA should create control procedures to ensure charges are assigned to appropriate programs.

Contract Agency Response:
We will set up a two-step process where the accounts payable person will be responsible for the coding of the invoice, and the accountant in charge of the general ledger posting will sign off on the invoice for proper coding. This will help to ensure that there are duplicate checks and balances. This will be completed by 8/1/18

Contract Requirements: According to Exhibit A, Section 4.1.2, "Intensive Outpatient Treatment as defined as ASAM Criteria, Level 2.1. Intensive Outpatient Treatment services provide intensive and structured individual and group alcohol and/or other drug treatment services and activities that are provided according to an individualized treatment plan that includes a range of outpatient treatment services and other ancillary alcohol and/or other drug services."

According to Exhibit A, Section 4.1.3, "Partial Hospitalization as defined as ASAM Criteria, Level 2.5. Partial Hospitalization services provide intensive and structured individual and group alcohol and/or other drug treatment services and activities to individuals with substance use and moderate to severe co-occurring mental health disorders, including both behavioral health and medication management (as appropriate) services to address both disorders. Partial Hospitalization is provided to clients for at least 20 hours per week according to an individualized treatment plan that includes a range of outpatient treatment services and other ancillary alcohol and/or other drug services."

Observation: Level 2.1 and 2.5 services are provided as a fixed length of stay and are not aligned with ASAM.

Recommendation: All Level 2.1 and 2.5 services provided must use the ASAM Criteria. Staff should be trained in ASAM criteria. Submit to BDAS staff training materials/certificates subsequent to ASAM training.

When individual staff fail to meet the clinical standards for discharge/transfer planning, they should work with their clinical supervisor on a professional development plan to build skills in this area. When the majority of staff fail to meet the clinical standards for discharge/transfer planning, the agency should submit a plan of correction for Department approval.

Contract Agency Response:
The Director of Programs has worked with PHP staff to educate them on the use of ASAM criteria and continually assess level of care. ASAM criteria has been incorporated into the electronic medical record utilized in PHP and will be for IOP when the electronic medical record is utilized across the agency in Fall 2018.

An ASAM training will be scheduled by Summer 2018. All training materials and certificates will be sent to BDAS following this training.

Requirement: According to Exhibit A, Section 4.1.4.2, "The Contractor shall hold in individual separate accounts 50% of the amount charged to the resident that will be returned to the resident at the time of discharge."

Observation:
There is a transitional living program guideline and contract. There is no mention

that a client fee may be charged and 50% of amount charged shall be held in a separate account and returned at time of discharge.

Recommendation:
Submit procedure documentation for implementation of the 50% savings requirement.

Modify the existing guidelines to include the client fees for room and board charges and 50% of amount charged shall be held in a separate account and returned at time of discharge.

Program and financial staff shall be trained on the 50% savings requirement.

Contract Agency Response:
The Transitional Living contract and guidelines have been revised to incorporate the above recommended language on the 50% and separate account.

Requirement: According to Exhibit A, Section 5.1., "The Contractor shall provide Crisis Services to individuals statewide as follows:

- **Exhibit A, Section 5.1.1 - Assist individuals 24 hours per day, 7 days a week either in person or by telephone;**
- **Exhibit A, Section 5.1.4 - Refer clients to appropriate treatment and other resources in the client's service area.**
- **Exhibit A, Section 5.1.5 - Provide encounter notes in the clients' health record when providing Crisis Services to clients being served under this Contract."**

Observation:
There is information on these services on the agency's web site. There is a Crisis Intervention policy.

Recommendation:
The agency should modify this policy to include the requirements stated above.

Contract Agency Response:
The Crisis Counselor Protocols/policy document has been changed to add the language in Exhibit a, Sections 5.1.1, 5.1.4 and 5.1.5 as stated above.

Requirement: According to Exhibit A, Section 3.2, "The Contractor agrees to provide services in this Contract to the general client population that includes, but not limited to:

- **Exhibit A, Section 3.2.7 – Veterans."**

According to Exhibit A, Sections 7.4, "The Contractor shall admit eligible clients for services according to the order of priority described below:"

- **Exhibit A, Section 7.4.6 – "Veterans with substance use disorders"**

Observations:
HHI and GNCA offer many programs for veterans. However, upon review of the information provided by the agency prior to and during the review no information regarding providing veterans with SUD services. The web site did not explicitly note veterans as one of populations served for SUD programs.

There is also a Special Population policy developed within the Professional Services Plan. This policy does not include veterans.

Recommendation:
The narrative on the web site that describes all of the participants in the SUD programs should include veterans. The Special Population policy should be modified to include veterans.

Contract Agency Response:
We added "veterans" as a special population on the web page. On May 29th 2018, the Professional Services Plan Scope of Services was revised to specify Veterans and the trauma-informed services provided at GNCA.

Requirement: According to Exhibit A, Sections 10.1 states, "The Contractor shall assess all clients for risk of self-harm at all phases of treatment, such as at initial contact, during screening, intake, admission, on-going treatment services and at discharge based on policies and process approved by the Department within thirty (30) days from the contract effective date."

Observation:
According to the records that were reviewed the risk of self-harm was not assessed at discharge.

Recommendation:
The Contractor shall develop controls (policies and procedures and staff training) to ensure the risk of self-harm is always assessed at discharge.

Contract Agency Response:
The agency is working with CARF consultant to develop a form to document assessment of self-harm risk at all phases of treatment including discharge. All staff will be trained and this will be implemented by June 30, 2018.

Requirement: According to Exhibit A, Section 10.9 states, "The Contractor shall deliver services in this Contract in accordance with:"

- **Exhibit A, Section 10.9.1 – "The ASAM Criteria (2013). The ASAM Criteria (2013) can be purchased online through the ASAM website at: http://www.asamcriteria.org/."**

Observation:
According to the records that were reviewed, all programs are fixed lengths of stay which is not in line with ASAM.

Recommendation:
All records must indicate that the services that were provided are in accordance with the ASAM Criteria.

When individual staff fails to meet the clinical standards for ASAM, they will work with their clinical supervisor on a professional development plan to build skills in this area. When the majority of staff fails to meet the clinical standards for ASAM, the agency should submit a plan of correction for Department approval. Standards reviewed shall include, but not be limited to admission to the appropriate level of care and ASAM driven treatment and transfer/discharge planning. Lengths of stay should not be fixed and be based on patient progress with treatment goals.

Contract Agency Response:
ASAM criteria has been incorporated into the electronic medical record, which will be utilized across the agency by Fall 2018.

A formal ASAM training will be scheduled by Summer 2018. All training materials and certificates will be sent to BDAS following this training. Staff with continued deficiencies will be required to attend additional formal training in ASAM.

Requirement: According to Exhibit A, Section 9.1, "The Contractor agrees to collect allowable fees from clients and to assist them with enrolling in private or public insurance programs when appropriate, as follows:"

- **Exhibit A, Section 9.1.3 – "Agrees to assist clients, who are unable to secure financial resources necessary for initial entry into the program, with obtaining other potential sources such as:"**
    - **Exhibit A, Section 9.1.3.2 - "Complete assistance at or before intake, but no later than 14 days after intake."**
    - **Exhibit A, Section 9.1.3.3 – "Develop payment plans."**
    - **Exhibit A, Section 9.1.3.4 – "Document the assistance in Section 9.1.3 in a progress note."**

Observations:
DHHS did not receive any procedures or documents regarding any clients needing assistance in enrolling in other insurance programs.

DHHS did not review any records that contained payment plans and the progress note documenting the process.

Recommendation:
GNCA should forward procedures regarding the process of assisting clients with enrolling in other insurance programs.

GNCA should forward an example of a payment plan the applicable progress note.

Contract Agency Response:
When a client presents to Intake or Outpatient Walk-In, insurance applications are completed with the assistance of the agency's Navigator. When Inpatient clients present for treatment without insurance, Intake gives the client an application and case managers follow-up in session or through assistance of the Navigator. The Director of Residential Services has set up a regular weekly time for support staff to assist clients with making phone calls to Medicaid as these phone calls can last upwards of an hour.

Requirement: According to Exhibit A, Section 9.3, "The Contractor shall provide clients with copies of their individual financial accounts, upon the clients' request."

Observation:
GNCA did not submit any procedures requiring the agency to provide clients with copies of their individual financial accounts upon request.

Recommendation:
Submit the policy or procedure that requires the agency to provide clients with copies of their individual financial accounts upon request and ensure staff is adequately trained on the policies and procedures.

Contract Agency Response:
A policy has been developed.

Requirement: According to Exhibit A, Section 13.1, "The Contractor shall have policies and procedures that create a tobacco-free environment. At a minimum these policies shall:"

- **Exhibit A, Section 13.1.8 – "Prohibit tobacco use in personal vehicles when transporting people on authorized business."**

Observation:
DHHS reviewed a detailed tobacco policy submitted by GNCA. The policy did not address the use of tobacco when the use of personal vehicles transports people.

Recommendation:
GNCA should modify the existing policy to include the use of tobacco while transporting a client and using a personal vehicle and ensure staff is adequately trained on the policies and procedures.

Contract Agency Response:
Tobacco Use policy has been updated to include when a personal vehicle is in use.

Requirement: According to Exhibit A, Section 15.1, "The Contractor shall maintain a consistent service capacity for Substance Use Disorder Treatment and Recovery Support Services statewide by:"

- **Exhibit A, Section 15.1.1 – "Monitoring its individual capacity to consistently and evenly deliver these services; and"**
- **Exhibit A, Section 15.1.2 – "Monitoring and managing the utilization levels of care and service array required under this contract throughout the contract period."**
- **Exhibit A, Section 15.1.3 – "No less than monthly, the Contractor shall monitor the percentage of the contract funding expended relative to the percentage of the contract period that has elapsed. If there is a difference of more than 10% between expended funding and elapsed time on the contract the contractor shall notify the Department within 5 days and submit a plan for correcting the discrepancy within 10 days of notifying the Department."**
- **Exhibit A, Section 15.1.4 – "Beginning on July 1, 2016 and continuing every three months thereafter, the Department shall review the Contractor's utilization as described in Section 15.1.3 above. If the Contractor's expended funding is more than 25% below the elapsed time on the contract, the Department may amend the contract to reduce the overall price limitation."**

Observation:
DHHS did not receive any documentation (policies or procedures) that the Contractor maintains a consistent service capacity.

Recommendation:
Submit policies and procedures or other examples of controls used to ensure consistent service capacity and ensure staff is adequately trained on the policies and procedures.

Contract Agency Response:
The office staff maintains a spreadsheet that includes the percentage of each line item spent YTD and is updated each month. The spreadsheet also shows the balances per line item.

DHHS Rejoinder:
The agency response addresses monitoring budget line items, but does not address expenditure rate for the contract as a whole or monitoring fee-for-services expenditures. The agency did not provide a copy of the referenced spreadsheet, or policies or procedures describing the control action taken if an issue is identified (i.e., spend rate too high or too low).

Requirement: According to Exhibit A, Section 18.3, "Unlicensed staff providing clinical or recovery support services must hold a CRSW within 6 months of hire or effective date of this contract, whichever is later."

According to Exhibit A, Section 18.7, "The Contractor shall notify the Department in writing and submit a corrective action plan for Department approval within 14 days, when staffing does not meet the requirements defined in 18.1 through 18.4."

Observation:
GNCA did not provide policies, procedures, or other controls to ensure staff are adequately licensed within contracted timeframes. DHHS did not review any HR records that indicated unlicensed staff providing services.

Recommendation:
Develop or submit policies and procedures that will document that unlicensed staff providing clinical or recovery support services must hold a CRSW within 6 months of hire or effective date of this contract and ensure staff is adequately trained on the policies and procedures.

Contract Agency Response:
GNCA has a policy that all staff providing recovery support services RSS will need to be completed within six months of hire. The staff persons will be provided with a CRSWS Guideline for Initial Licensure that lists the course work requirements and they can check them off and date them as each is completed. The Director of Residential services is responsible for providing weekly supervision to all support staff that includes those providing RSS.

Requirement: According to Exhibit A, Section 24.3.9, "The program has implemented the infection control procedures that are consistent with those established by the Department to prevent the transmission of TB and that address the following:"

- **Exhibit A, Section 24.3.9.3 –"Case management activities to ensure that individuals receive such services."**

Observation:
There were policies and procedures regarding the prevention of transmission of TB. However, there was no policy regarding case management activities designed to assure information sharing regarding the prevention of transmission of TB.

Recommendation:
Develop or submit a policy regarding case management activities designed to assure information sharing regarding the prevention of transmission of TB and ensure staff is adequately trained on the policies and procedures.

Contract Agency Response
An intake worker will have all new clients complete a TB risk questionnaire. The TB policy includes educating staff and clients on TB. The TB policy will be reviewed and modified, if necessary, to include language ensuring that case managers share information regarding the prevention of transmission of TB. All case manager will be trained to the policy, as appropriate. This will be completed by 8/1/18

Requirement: According to Exhibit A, Section 24.4.3, "Contractors shall comply with the Department's Sentinel Event Reporting Policy.

Observation:
There was no agency-specific written policy for compliance with Department's Sentinel Event Reporting Policy.

Recommendation:
Develop a policy regarding complying with Department's Sentinel Event Reporting Policy and ensure staff are adequately trained on the policy.

Contract Agency Response:
GNCA currently has a Critical Incident policy that mentions and defines sentinel events. Because it does not have detailed instructions on how respond, a Sentinel Event policy has been developed.