



RICHARD FIGUEROA  
ACTING DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

December 27, 2019

Sent via e-mail to: [mcranfill@amadorgov.org](mailto:mcranfill@amadorgov.org)

Melissa Cranfill, Director  
Amador County Behavioral Health  
10877 Conductor Blvd. Suite 300  
Sutter Creek, CA 95865

SUBJECT: Annual County Compliance Unit Report

Dear Director Cranfill:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the State Plan Drug Medi-Cal (DMC) Contract operated by Amador County.

The County Compliance Unit (CCU) within the Audits and Investigations Division (A&I) 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 Amador County's State Fiscal Year 2019-20 State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Amador County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the Medi-Cal Behavioral Health Division (MCBHD), Plan and Network Monitoring Branch (PNMB), County Monitoring Unit (CMU) Analyst by 1/27/2020. Please use enclosed CAP plan form when completing the CAP. CAP and supporting documentation to be e-mailed to the CMU analyst at [CountySupport@dhcs.ca.gov](mailto:CountySupport@dhcs.ca.gov).

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

Sincerely,

Michael Bivians  
(916) 713-8966  
[michael.bivians@dhcs.ca.gov](mailto:michael.bivians@dhcs.ca.gov)

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
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Distribution:

To: Director Cranfill,

CC: Kelly Molohan, Audit and Investigation, Medical Review Branch Chief  
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Amy Hixon, Amador County Behavioral Health Care Supervisor

<b>Lead CCU Analyst:</b> Michael Bivians	<b>Date of Review:</b> 12/4/2019 - 12/4/2019
<b>County:</b> Amador	<b>County Address:</b> 10877 Conductor Blvd. Suite 300 Sutter Creek, CA 95685
<b>County Contact Name/Title:</b> Amy Hixon, Behavioral Health Care Supervisor	<b>County Phone Number/Email:</b> 209-223-6548
<b>Report Prepared by:</b> Michael Bivians	<b>Report Approved by:</b> Mayumi Hata

## REVIEW SCOPE

- I. Regulations:
  - a. California Code of Regulations, Title 22, section 51341.1 – Drug Medi-Cal Substance Use Disorder Services
  - b. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
  - c. 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
  - d. Code of Federal Regulations, Title 42 Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care
  
- II. Program Requirements:
  - a. State Fiscal Year (SFY) 2019-20 State County Contract, herein referred to as State County Contract
  - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
  - c. State Fiscal Year (SFY) 2019-20 Intergovernmental Agreement (IA)

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### Entrance Conference:

An entrance conference was conducted at 10877 Conductor Blvd. Sutter Creek, CA 95685 on 12/4/2019. The following individuals were present:

- Representing DHCS:  
Michael Bivians, Associate Governmental Program Analyst (AGPA)
- Representing Amador County:  
Melissa Cranfill, Behavioral Health Director  
Amy Hixon, Behavioral Health Care Supervisor  
Megan Hodson, Quality Improvement Coordinator  
Karen Vaughn, Fiscal/Administration Supervisor  
Angie Grau, Compliance Officer  
Stephanie Hess, MHSA Program Coordinator  
Lori Halvorson, Nexus Youth & Family Services

During the Entrance Conference the following topics were discussed:

- Introductions
- Overview of the Monitoring Process
- Amador County Overview of Services
- DHCS Re-Organization
- CalAIM Proposal

### Exit Conference:

An exit conference was conducted at 10877 Conductor Blvd. Sutter Creek, CA 95685 on 12/4/2019. The following individuals were present:

- Representing DHCS:  
Michael Bivians, AGPA
- Representing Amador County:  
Amy Hixon, Behavioral Health Care Supervisor  
Megan Hodson, Quality Improvement Coordinator  
Karen Vaughn, Fiscal/Administration Supervisor  
Angie Grau, Compliance Officer  
Stephanie Hess, MHSA Program Coordinator

During the Exit Conference the following topics were discussed:

- Review of Compliance Deficiencies
- Follow-Up Deadlines

**SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)**

<b>Section:</b>	<b>Number of CD's:</b>
<b>1.0 Administration</b>	<b>2</b>
<b>2.0 Beneficiary Services</b>	<b>0</b>
<b>3.0 Service Provisions</b>	<b>0</b>
<b>4.0 Access</b>	<b>0</b>
<b>5.0 Monitoring</b>	<b>2</b>
<b>6.0 Program Integrity</b>	<b>2</b>
<b>7.0 Compliance</b>	<b>0</b>

**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. Advisory recommendations are not required to be addressed in the CAP.

Please provide the following within the completed SFY 2019- 20 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) Who will be responsible for correction and ongoing compliance.

The CMU analyst will monitor progress of the CAP completion.

## 1.0 ADMINISTRATION

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

### COMPLIANCE DEFICIENCIES:

#### **CD 1.1:**

Exhibit A, Attachment I, Part I, Section 1, B

B. It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

22 CCR § 51341.1 (b) (28) (A) (iii)

iii. ... A substance use disorder medical director shall receive a minimum of five (5) hours of continuing medical education in addiction medicine each year...

**Finding:** The County did not provide the medical director's annual continuing medical education units in addiction medicine.

#### **CD 1.3:**

Exhibit A, Attachment I, Part I, Section 4, A, 3, a

a.) Contractor shall ensure subcontractors complete training on the requirements of Title 22 regulations and DMC program requirements at least annually from either DHCS' SUD Program, Policy and Fiscal Division (SUD PPF) or the Contractor. Contractor shall provide documentation of attendance at the annual training to DHCS' e-mail address SUDCOUNTYREPORTS@dhcs.ca.gov annually as part of the DHCS Contractor monitoring process.

**Finding:** The County did not provide evidence of County staff receiving Title 22 training during SFY 2018-19 and, the County did not provide evidence of their subcontractors receiving Title 22 training during SFY 2018-19.



## 5.0 MONITORING

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

### COMPLIANCE DEFICIENCIES:

#### **CD 5.9:**

Exhibit A, Attachment I, Part I, Section 4, A, 2, f

f) Contractor shall implement and maintain compliance with the system of review described in Title 22, Section 51341.1(k), for the purpose review utilization, quality, and appropriateness of covered services and ensuring that all applicable Medi-Cal requirements are met.

22 CCR § 51341.1 (h) (1) (v) (a) (b)

- a) The physician shall evaluate each beneficiary to diagnose whether the beneficiary has a substance use disorder, within thirty (30) calendar days of the beneficiary's admission to treatment date. The diagnosis shall be based on the applicable diagnostic code from the Diagnostic and Statistical Manual of Mental Disorders Third Edition-Revised or Fourth Edition, published by the American Psychiatric Association. The physician shall document the basis for the diagnosis in the beneficiary's individual patient record.
- b) As an alternative to complying with Paragraph (a) above, the therapist, physician assistant, or nurse practitioner, acting within the scope of their respective practice, shall evaluate each beneficiary to diagnose whether the beneficiary has a substance use disorder, within thirty (30) calendar days of the beneficiary's admission to treatment date. The diagnosis shall be based on the applicable diagnostic code from the Diagnostic and Statistical Manual of Mental Disorders Third Edition - Revised or Fourth Edition, published by the American Psychiatric Association. The individual who performs the diagnosis shall document the basis for the diagnosis in the beneficiary's individual patient record. The physician shall document approval of each beneficiary's diagnosis that is performed by a therapist, physician assistant or nurse practitioner by signing and dating the beneficiary's treatment plan.

**Finding:** The County is not ensuring all SUD program Medical Directors are establishing medical necessity.

#### **CD 5.10:**

Exhibit A, Attachment I, Part I, Section 4, A, 2, f

f) Contractor shall implement and maintain compliance with the system of review described in Title 22, Section 51341.1(k), for the purpose review utilization, quality, and appropriateness of covered services and ensuring that all applicable Medi-Cal requirements are met.

Exhibit A, Attachment I, Part I, Section 4, B, 1, b

b) Contractor shall conduct, at least annually, an audit of DMC providers to assure covered services are being appropriately rendered. The annual audit must include an on-site visit of the service provider. Reports of the annual review shall be provided to DHCS's Performance Management Branch at:

**Finding:** The County's system for ensuring DMC services are meeting all Medi-Cal requirements does not include evaluating the following areas for utilization and quality:

- Minimum Quality Drug Treatment Standards (MQDTS) Document 2F(a)

## 6.0 PROGRAM INTEGRITY

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

### COMPLIANCE DEFICIENCIES:

#### **CD 6.18:**

Exhibit A, Attachment I, Part I, 3, A, 4, c

4. Contractor shall require all the subcontracted providers of services to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines:

c) Minimum Quality Treatment Standards, (Document 2F(a))

Document 2F(a), A, 5

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC. If conflict between regulations and standards occurs, the most restrictive shall apply.

A. Personnel Policies

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

22 CCR § 51341.1 (b) (28) (A) (i) (a-f)

- 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 are adequately trained to perform other physician duties, as outlined in this section.

**Finding:** The County does not ensure that all DMC Medical Directors are aware of and are meeting their requirements. The written Roles and Responsibilities, did not contain the following requirements:

- Signed and dated by the physician
- Signed and dated by a provider representative

**CD 6.19:**

Document 2F(a), A, 3

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC. If conflict between regulations and standards occurs, the most restrictive shall apply.

A. Personnel Policies

3. Written code of conduct for employees and volunteers/interns shall be established which addresses at least the following:
  - a) Use of drugs and/or alcohol;
  - b) Prohibition of social/business relationship with beneficiary's or their family members for personal gain;
  - c) Prohibition of sexual contact with beneficiaries;
  - d) Conflict of interest;
  - e) Providing services beyond scope;
  - f) Discrimination against beneficiary's or staff;
  - g) Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff;
  - h) Protection beneficiary confidentiality;
  - i) The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under; and
  - j) Cooperate with complaint investigations.

**Finding:** The County does not ensure that all DMC Medical Directors are aware of and are meeting their requirements. The Code of Conduct did not contain the following requirements:

- Prohibition to providing services beyond scope
- Cooperate with complaint investigations
- Signed and dated by a provider representative

## TECHNICAL ASSISTANCE

DHCS's County Compliance Analyst will make referrals for the training or technical assistance identified below.

**Administration and Documentation:** The County requested TA for the following: Our billing staff will need more training for billing DMC services. We may be able to get most from Kings View, but would like some from DHCS as well.

**Beneficiary Services:** The County requested TA for the following: Some suggestions to adjust our groups in order to meet DMC treatment and billing guidelines. We are small and will have to join our groups of ODF and IOT and just lengthen the groups in order to fit for IOT. The problem is that we use the Matrix Curriculum, which calls for two group daily (one at 60 minutes and one at 90 minutes), two times weekly, for the first month and then goes down to one group daily, two times weekly at 90 minutes each. This is how we practice ODF presently. If we change it, it will not meet fidelity to the Matrix program. ACBH invested a lot of money into the initial set up of this program and the continued training of the program.