



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

May 24, 2022

Sent via e-mail to: walt@co.calaveras.ca.us

Wendy Alt, Behavioral Health Deputy Director of Clinical Services
Calaveras County Behavioral Health
891 Mountain Ranch Road
San Andreas, CA 95249

SUBJECT: Annual DMC State Plan County Compliance Unit Findings Report

Dear Deputy Director Alt:

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 Calaveras 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 Calaveras County's State Fiscal Year 2021-22 State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Calaveras 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/Provider Operations and Monitoring Branch (CPOMB) liaison by 7/25/2022. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CPOMB analyst at MCBHDMonitoring@dhcs.ca.gov.

If you have any questions or need assistance, please contact me at katrina.beedy@dhcs.ca.gov.

Sincerely,

Katrina Beedy
916-713-8811

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
1500 Capitol Ave., MS 2305
Sacramento, CA 95814
<http://www.dhcs.ca.gov>

Distribution:

To: Deputy Director Alt,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
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Robb Fulgham, Calaveras County Substance Abuse Supervisor
Stacey Meily, Calaveras County Behavioral Health Program Manager
Dianne Johnson, Calaveras County Quality Management Specialist

COUNTY REVIEW INFORMATION

County:

Calaveras

County Contact Name/Title:

Stacey Meily/Behavioral Health Program Manager

County Address:

891 Mountain Ranch Road, San Andreas, CA 95249

County Phone Number/Email:

209-754-6516

smeily@co.calaveras.ca.us

Date of Review:

4/6/2022

Lead CCU Analyst:

Katrina Beedy

Assisting CCU Analyst:

N/A

Report Prepared by:

Katrina Beedy

Report Approved by:

Ayesha Smith

REVIEW SCOPE

- I. Regulations:
 - a. California Code of Regulations, Title 22, section 51341.1, 51490.1 and 51516.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. California Code of Regulations, Title 9, Division 4: Department of Alcohol and Drug Programs
 - c. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
 - d. Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Sections 14021.51-14021.53 and 14124.20-14124.25: Basic Health Care – Drug Medi-Cal Treatment Program

- II. Program Requirements:
 - a. Fiscal Year (FY) 2020-21 State-County Contract, herein referred to as State County Contract
 - b. Fiscal Year (FY) 2021-22 State-County Contract, herein referred to as State County Contract
 - c. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
 - d. Behavioral Health Information Notices (BHIN)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An Entrance Conference was conducted via WebEx on 4/6/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, Associate Governmental Program Analyst (AGPA)
Cristina Whitlock, AGPA
- Representing Calaveras County:
Robb Fulgham, Substance Abuse Supervisor
Stacey Meily, Behavioral Health Program Manager
Dianne Johnson, Quality Management Specialist
Leeann Burns, Administrative Services Manager
Wendy Alt, Behavioral Health Deputy Director of Clinical Services & Substance Abuse Administrator

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of services provided
- Overview of review process

Exit Conference:

An Exit Conference was conducted via WebEx on 4/6/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, AGPA
Cristina Whitlock, AGPA
- Representing Calaveras County:
Robb Fulgham, Substance Abuse Supervisor
Stacey Meily, Behavioral Health Program Manager
Dianne Johnson, Quality Management Specialist
Leeann Burns, Administrative Services Manager
Wendy Alt, Behavioral Health Deputy Director of Clinical Services & Substance Abuse Administrator

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

SUMMARY OF FY 2021-22 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>	<u>Number of CD's</u>
1.0 Administration	1
2.0 Covered Services	1
3.0 DMC Certification & Continued Certification	3
4.0 Monitoring	7
5.0 General Provisions	4

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 6 a-b each CD identified must be addressed via a CAP. The CAP is due within sixty (60) calendar days of the date of this monitoring report.

Please provide the following within the completed FY 2021- 22 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) Who will be responsible for correction and ongoing compliance.

The CPOMB analyst will monitor progress of the CAP completion.

Category 1: ADMINISTRATION

A review of the County's services, contracts, and training was conducted to ensure compliance with applicable regulations and standards. The following deficiency in regulations, standards or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 1.3:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part II, T, 1-2

T. Discrimination Grievances

1. The Contractor shall designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law.
2. The Contractor shall adopt Discrimination Grievance procedures that ensure the prompt and equitable resolution of discrimination-related complaints. The Contractor shall not require a beneficiary to file a Discrimination Grievance with the Contractor before filing the grievance directly with DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.

Findings: The County did not provide evidence demonstrating that each Discrimination Grievance included all required documentation. The County did not provide blank copies of the following:

- Acknowledgement Letter
- Disposition/Resolution Letter
- Corresponding NOABD if applicable
- Supporting documentation/evidence
- Provider notification of the grievance, appeal, expedited appeal results

Category 2: COVERED SERVICES

A review of the County's covered services was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiency in regulations, standards or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 2.3:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 2, B, 5

5. The Contractor shall require all subcontractors to inform the Contractor when a beneficiary that resides in the Contractor's county is referred to, and served by, an out-of-county provider.

Findings: The County did not provide evidence demonstrating that subcontractors notify the County when beneficiaries who reside in that County are referred to and receive treatment from an out-of-county provider.

Category 3: DMC CERTIFICATION & CONTINUING CERTIFICATION

A review of the County's certification and re-certification was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 3.1:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 3, A, 3

3. The Contractor shall require that providers of perinatal DMC services are properly certified to provide these services and comply with the requirements contained in Title 22, Section 51341.1, Services for Pregnant and Postpartum Women.

Findings: The County did not provide evidence demonstrating providers of perinatal DMC services comply with the requirements contained in Title 22, Section 51341.1, Services for Pregnant and Postpartum Women. The following requirement is missing, specifically:

- Any of the substance use disorder services listed in Subsection (d) shall be reimbursed at enhanced perinatal rates pursuant to Section 51516.1(a)(3) only when delivered by providers who have been certified pursuant to Section 51200 to provide perinatal Medi-Cal services to pregnant and postpartum women.

CD 3.3:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part V, Section 4, B, 1, 2, a

a) Contractor shall, on a monthly basis, monitor the status of all providers to ensure they maintain active enrollment in the DMC program. Any subcontracted provider that surrenders its certification or closes its facility must be reported by the Contractor to DHCS' Provider Enrollment Division at DHCSDMCRECERT@dhcs.ca.gov within five business days of notification or discovery.

Findings: The County did not provide evidence demonstrating a process to identify changes to a provider's DMC certification on a monthly basis.

The County did not provide evidence demonstrating a process to notify DHCS within (5) days of notification or discovery regarding changes to a provider's DMC certification.

CD 3.4:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part V, Section 4, B, 1, 2, b

a) During the monthly status check, the Contractor shall monitor for a triggering recertification event (including but not limited to; change in ownership, change in scope of services, remodeling of facility, or change in location) and report any triggering events to DHCS' Provider Enrollment Division at DHCSDMCRECERT@dhcs.ca.gov within five business days of notification or discovery.

Findings: The County did not provide evidence demonstrating a process to monitor subcontractors for a triggering recertification event on a monthly basis.

The County did not provide evidence demonstrating a process to notify DHCS within (5) days of notification or discovery regarding triggering recertification events.

Category 4: MONITORING

A review of the County's monitoring and program integrity was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 4.1:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 1, B

B. It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Division 9, Part 3, Chapter 7, Sections 14000, *et seq.*, in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, and Article 1.3, Sections 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 Regulations (hereinafter referred to as Title 9).

22 CCR § 51341.1 (b) (28) (A) (i) (f) (iii)

(A) For outpatient drug free, day care habilitative, perinatal residential and naltrexone treatment services programs the following shall apply:

- (i) The substance use disorder medical director's responsibilities shall at a minimum include all of the following
- (f) Ensure that provider's physicians are adequately trained to perform diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries and perform other physician duties, as outlined in this section.
- (iii) A substance use disorder medical director shall receive a minimum of five (5) hours of continuing medical education in addiction medicine each year.

Findings: The County did not provide evidence demonstrating the former Calaveras County Medical Director, Dean Kelaita, received the annual five (5) hours of continuing medical education units in addiction medicine. Specifically:

- The County did not provide evidence of continuing medical education for Calaveras County's Medical Director for calendar year 2019 or 2020.

The County did not provide evidence demonstrating the Aegis Treatment Center Roseville Medical Director, Lori Matthews, received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The County did not provide evidence of continuing medical education for Aegis Treatment Center Roseville's Medical Director for calendar year 2019.
- The continuing medical education submitted for calendar year 2020 for Aegis Treatment Center Roseville's Medical Director totaled only four (4) hours.

The County did not provide evidence demonstrating the Aegis Treatment Center Modesto Medical Director, Robert Southmayd, received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The County did not provide evidence of continuing medical education for Aegis Treatment Center Modesto's Medical Director for calendar year 2019.

- The continuing medical education submitted for calendar year 2020 for Aegis Treatment Center Modesto's Medical Director totaled only three (3) hours.

The County did not provide evidence demonstrating the former Progress House Perinatal Facility Medical Director, John Christian O'Neill, received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The County did not provide evidence of continuing medical education for Progress House Camino's Medical Director for calendar year 2019.

CD 4.2:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 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 Drug Treatment Standards, Document 2F(a)

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.

Document 2F(a), A, 3

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 beneficiary's;
 - 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.

Document 2F(a), A, 5

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.

Findings: The County did not provide evidence demonstrating the Code of Conduct for the Aegis Treatment Center Manteca Medical Directors, Michelle Rowe and Mayra Oakes, includes all required elements. The following required elements are missing, specifically:

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

The County did not provide evidence demonstrating the Code of Conduct for the Aegis Treatment Center Stockton (Lower Sacramento Rd) Medical Directors, Robert Hamilton and Mayra Oakes, includes all required elements. The following required elements are missing, specifically:

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

The County did not provide evidence demonstrating the Code of Conduct for the current Progress House Perinatal Facility Medical Director, Charles Moore, includes all required elements. The following required element is missing, specifically:

- Prohibition of social/business relationship with beneficiaries or their family members for personal gain.

CD 4.3:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 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))

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.

Document 2F(a), A, 5

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)

A. For outpatient drug free, day care habilitative, perinatal residential and naltrexone treatment services programs the following shall apply:

- (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 nonphysician 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 diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries and perform other physician duties, as outlined in this section.

Findings: The County did not provide evidence demonstrating the written roles and responsibilities for the Aegis Treatment Center Stockton (S. El Dorado St) Medical Directors, Robert Hamilton and Curly Johnson, includes all required elements. The following required elements are missing, specifically:

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

CD 4.4:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part 1, Section 4, B, 3, a

3. Program Complaints

- a) Report suspected Medi-Cal Fraud online:

<https://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx> By email:
fraud@dhcs.ca.gov

By phone: 1-800-822-6222

Finding: The County did not provide evidence demonstrating an implemented process for program complaints of suspected fraud to be reported to DHCS by phone, email or online.

CD 4.5:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part 1, Section 4, B, 3, b

3. Program Complaints

- b) All complaints received by the Contractor regarding a DMC provider shall be forwarded to MCBHD within two business days as follows:
DMC provider complaints are to be submitted to:

DHCS
Medi-Cal Behavioral Health Division
1500 Capitol Avenue, MS# 2623
Sacramento, CA 95814

Findings: The County did not provide evidence demonstrating that program complaints regarding DMC providers are submitted to DHCS within two business days.

CD 4.6:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part 1, Section 4, B, 3, c

3. Program Complaints

- c) Complaints for licensed, adult alcoholism or drug abuse recovery or treatment facilities, or Alcohol and/or Other Drug (AOD) Certified Treatment Facilities shall be addressed to:

Department of Health Care Services
Licensing and Certification Division

P.O. Box 997413., MS# 2601
Sacramento, CA 95899-7413

Email: SUDcomplaints@dhcs.ca.gov

Public Number: (916) 322-2911

Toll Free Number: (877) 685-8333

The Complaint Form is available and can be submitted online at:
<http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>.

Finding: The County did not provide evidence demonstrating that program complaints received by the County regarding licensed, adult alcoholism or drug abuse treatment facilities, or Alcohol and Other Drug (AOD) Certified Treatment Facilities are submitted to DHCS via phone, mail, email or online.

CD 4.7:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part 1, Section 4, B, 3, d

3. Program Complaints

- d) The Contractor shall be responsible for investigating complaints and providing the results of all investigations to DHCS by secure, encrypted e-mail to:

MCBHDmonitoring@dhcs.ca.gov within two business days of completion.

Finding: The County did not provide evidence demonstrating DHCS is provided the results of all complaint investigations by secure, encrypted email within two business days of investigation's completion.

Category 5: GENERAL PROVISIONS

A review of the County's contract general provisions was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 5.1:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part II, L, 12

L. Federal Law Requirements:

12. Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A - E).

Exhibit A, Attachment I, Part II, Q

Q. Subcontract Provisions

Contractor shall include the foregoing Part II general provisions in all of its subcontracts.

Behavioral Health Information Notice (BHIN) 20-066

Findings: The County did not provide evidence demonstrating subcontractor compliance with the Confidentiality of Alcohol and Drug Abuse Patients Records (42 CFR Part 2, Subparts A-E) provision.

CD 5.2:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part II, E

E. Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be registered or certified as defined in Title 9, Division 4, Chapter 8 (Document 3H).

State Plan DMC Contract, Exhibit A, Attachment I, Part II, Q

Q. Subcontract Provisions

Contractor shall include the foregoing Part II general provisions in all of its subcontracts.

Findings: The County did not provide evidence demonstrating subcontractor compliance with the Counselor Certification provision.

The County did not provide evidence demonstrating all of the foregoing State County Contract Exhibit A, Attachment I, Part II general provisions are included in all executed subcontracts, including the Counselor Certification provision.

CD 5.3:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part II, G

G. Trafficking Victims Protection Act of 2000

Contractor and its subcontractors that provide services covered by this Contract shall comply with the Trafficking Victims Protection Act of 2000 (22 USC 7104(g)), as amended by section 1702 of Pub. L. 112-239.

State Plan DMC Contract, Exhibit A, Attachment I, Part II, Q

Q. Subcontract Provisions

Contractor shall include the foregoing Part II general provisions in all of its subcontracts.

Findings: The County did not provide evidence demonstrating subcontractor compliance with the Trafficking Victims Protection Act of 2000 (22 USC 7104(g)) provision.

The County did not provide evidence demonstrating all of the foregoing State County Contract Exhibit A, Attachment I, Part II general provisions are included in all executed subcontracts, including the Trafficking Victims Protection Act of 2000 (22 USC 7104(g)) provision.

CD 5.4:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part II, H

H. Tribal Communities and Organizations

The Contractor shall regularly assess (e.g. review population information available through Census Bureau, compare to information obtained in CalOMS Treatment to determine whether population is being reached, survey Tribal representatives for insight in potential barriers) the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the Contractor's geographic area and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available to AI/AN communities within the County.

Exhibit A, Attachment I, Part II, Q

Q. Subcontract Provisions

Contractor shall include the foregoing Part II general provisions in all of its subcontracts.

Findings: The County did not provide evidence demonstrating all of the foregoing State County Contract Exhibit A, Attachment I, Part II general provisions are included in all executed subcontracts, including the Tribal Communities and Organizations provision.

TECHNICAL ASSISTANCE

Calaveras County did not request technical assistance during this review.