



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



MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

January 24, 2023

Sent via e-mail to: thobson@countyofcolusa.com

Tony Hobson, Behavioral Health Director
Colusa County Behavioral Health
162 E. Carson St.
Colusa, CA 95932

SUBJECT: Annual DMC County Compliance Section Findings Report

Dear Director Hobson:

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

The County Compliance Section (CCS) 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 protocol, discussion with county staff, and supporting documentation provided by the County.

Enclosed are the results of Colusa County's Fiscal Year (FY) 2022-23 DMC contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Colusa 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 3/24/2023. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via the MOVEit Secure Managed File Transfer System. For instructions on how to submit to the correct MOVEit folder, email MCBHDmonitoring@dhcs.ca.gov.

If you have any questions related to this report, please contact me at katrina.beedy@dhcs.ca.gov.

Sincerely,

Katrina Beedy
(916) 713-8811

Audits and Investigations
Contract and Enrollment Division
Behavioral Health Review Branch
County Compliance Section
1500 Capitol Ave., MS 2305
Sacramento, CA 95814
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Distribution:

To: Director Hobson,

CC: Mateo Hernandez, Audits and Investigations, Contract and Enrollment Review Division Chief
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Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief
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Tony Nguyen, County/Provider Operations Monitoring Section II Chief
MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Jeannie Scroggins, Clinical Program Manager for Quality Assurance, Colusa County

COUNTY REVIEW INFORMATION

County:

Colusa

County Contact Name/Title:

Jeannie Scroggins/Clinical Program Manager for Quality Assurance

County Address:

162 E. Carson St., Colusa, CA 95932

County Phone Number/Email:

jscroggins@countyofcolusa.com
(530) 458-0520

Date of Review:

12/15/2022

Lead CCS Analyst:

Katrina Beedy

Assisting CCS 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 14000, et seq.; 14100.2, 14021, 14021.51-14021.53, 14021.6, and 14124.20-14124.25, 14184.402, 14059.5: Basic Health Care – Drug Medi-Cal Treatment Program

II. Program Requirements:

- a. Fiscal Year (FY) 2021-22 State-County Contract, herein referred to as State County Contract
- b. Fiscal Year (FY) 2022-23 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 12/15/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, County Compliance Monitoring (CCM) Analyst
Michael Bivians, County Compliance Monitoring II (CCM II) Chief
Cassandra Queen, County/Provider Operations Monitoring Branch (CPOMB) Liaison
- Representing Colusa County:
Tony Hobson, Ph.D., Behavioral Health Director
Jennifer McAllister, LMFT, Clinical Program Manager for SUD services
Bonnie Briscoe, Fiscal Administrative Officer
Jeannie Scroggins, LMFT, Clinical Program Manager for Quality Assurance

During the Entrance Conference, the following topics were discussed:

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

Exit Conference:

An Exit Conference was conducted via WebEx on 12/15/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, CCM Analyst
Michael Bivians, CCM II Chief
Cassandra Queen, CPOMB Liaison
- Representing Colusa County:
Tony Hobson, Ph.D., Behavioral Health Director
Jennifer McAllister, LMFT, Clinical Program Manager for SUD services
Bonnie Briscoe, Fiscal Administrative Officer
Jeannie Scroggins, LMFT, Clinical Program Manager for Quality Assurance

During the Exit Conference, the following topics were discussed:

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

SUMMARY OF FY 2022-23 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>	<u>Number of CD's</u>
1.0 Administration	2
2.0 Program Integrity	2
3.0 Perinatal Practice Guidelines	3
4.0 Youth Services	1
5.0 Reporting Requirements	1

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 2022-23 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) The name of the person who will be responsible for corrections and ongoing compliance.

The CPOMB analyst will monitor progress of the CAP completion.

Category 1: ADMINISTRATION

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

COMPLIANCE DEFICIENCIES:

CD 1.5:

DMC Contract, Exhibit A, Attachment I A1, Part I, Section 1

Title 22 Section 51341.1 (h)(6)(B)(i)(a-d)

(B) The provider shall complete a discharge summary, for any beneficiary with whom the provider lost contact, in accordance with all of the following requirements:

- (i) For outpatient drug free, day care habilitative, perinatal residential, and Naltrexone treatment services, the provider shall complete the discharge summary within thirty (30) calendar days of the date of the provider's last face-to-face treatment contact with the beneficiary. The discharge summary shall include all of the following:
 - (a) The duration of the beneficiary's treatment as determined by the dates of admission to and discharge from treatment.
 - (b) The reason for discharge.
 - (c) A narrative summary of the treatment episode.
 - (d) The beneficiary's prognosis.

Findings: The County did not provide evidence of compliance demonstrating it meets discharge summary requirements for beneficiaries enrolled in outpatient drug free, day care habilitative, perinatal residential, and Naltrexone treatment services with whom the provider lost contact. Specifically, the evidence does not include the following requirement:

- 30-day timeline (completed within 30 days of the date of the provider's last face-to-face treatment contact with the beneficiary).

CD 1.6:

DMC Contract, Exhibit A, Attachment I A1, Part I, Section 1

Title 22 Section 51341.1 (h)(6) (B)(ii)

(ii) For narcotic treatment program services, the discharge summary shall meet the requirements of Section 10415, Title 9, CCR.

Title 9 Section §10415 (g)(1-3)

(g) The program shall complete a discharge summary for each patient who is terminated from treatment, either voluntarily or involuntarily. The discharge summary shall include at least the following:

- (1) The patient's name and date of discharge;
- (2) The reason for the discharge; and
- (3) A summary of the patient's progress during treatment.

Findings: The County did not provide evidence of compliance demonstrating it meets discharge summary requirements for narcotic treatment program beneficiaries terminated voluntarily or involuntarily from treatment. Specifically, the evidence does not include the following requirements:

- Patient's name and date of discharge.
- Reason for discharge.
- Summary of patient's progress during treatment.

Category 2: PROGRAM INTEGRITY

A review of the County's 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 2.1:

DMC Contract, Exhibit A, Attachment IA 1, Part III, B

The Contractor and subcontractors that provide DMC services shall be responsible for verifying the Medi-Cal eligibility of each beneficiary for each month of service prior to billing for DMC services to that beneficiary for that month. Medi-Cal eligibility verification shall be performed prior to rendering service, in accordance with and as described in DHCS' DMC Provider Billing Manual. Options for verifying the eligibility of a Medi-Cal beneficiary are described in the DHCS' DMC Provider Billing Manual.

Findings: The County did not provide evidence of compliance demonstrating that Medi-Cal eligibility verification is:

- Performed monthly.
- Performed prior to rendering service.
- Performed at both the County and subcontractor level

CD 2.3:

DMC Contract, Exhibit A, Attachment I A1, Part II, T, 1-3

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.
3. The Discrimination Grievance Coordinator shall be available to:
 - a) Answer questions and provide appropriate assistance to the Contractor staff and members regarding the Contractor's state and federal nondiscrimination legal obligations.
 - b) Advise the Contractor about nondiscrimination best practices and accommodating persons with disabilities.
 - c) Investigate and process any Americans with Disabilities Act, Section 504 of the Rehabilitation Act, section 1557 of the Affordable Care Act, and/or Gov. Code section 11135 grievances received by the Contractor.

Findings: The County did not provide evidence demonstrating each Discrimination Grievance includes all required documentation. The missing required documentation includes:

- Acknowledgement Letter.
- Supporting documentation/evidence.
- Provider notification of the grievance, appeal, expedited appeal results.

Category 3: PERINATAL PRACTICE GUIDELINES

A review of the County's Perinatal Practice Guidelines 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:

DMC Contract, Exhibit A, Attachment I AI, Part II, I

I. Perinatal Practice Guidelines

The Contractor will follow the guidelines in Document 1G, "Perinatal Practice Guidelines," in developing and implementing perinatal treatment and recovery programs funded under this Exhibit, until new Perinatal Practice Guidelines are established and adopted. No formal amendment of this Contract is required for new guidelines to be incorporated into this Contract.

Perinatal Practice Guidelines Section B, 4

4. SUD providers shall coordinate treatment services with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation as well as additional services that are medically necessary to prevent risk to a fetus, infant, or mother. Providers shall also provide or arrange for transportation to ensure access to treatment.

Findings: The County did not provide evidence of compliance demonstrating the following Perinatal Practice Guidelines requirements:

- Coordination with other services (health, criminal justice, social services, educational services, and vocational rehabilitation).
- Medically necessary services for fetus, infant, or mother.

CD 3.2:

DMC Contract, Exhibit A, Attachment I A1, Part II, I

Perinatal Practice Guidelines Section B, 10

I. Perinatal Practice Guidelines

The Contractor will follow the guidelines in Document 1G, "Perinatal Practice Guidelines," in developing and implementing perinatal treatment and recovery programs funded under this Exhibit, until new Perinatal Practice Guidelines are established and adopted. No formal amendment of this Contract is required for new guidelines to be incorporated into this Contract.

Perinatal Practice Guidelines Section B, 10

10. SUD treatment providers will make interim services available for pregnant and parenting women awaiting admission into treatment. The purpose of providing interim services is to reduce the adverse health effects of substance use, promote the health of the woman, and reduce the risk of disease transmission.

If a SUD treatment provider has insufficient capacity to provide treatment services to pregnant and parenting women using drugs intravenously, and a referral to treatment has been made, the

provider must:

- i. Admit the woman no later than 14 days of the request; or
- ii. Admit the woman no later than 120 days of the request and provide interim services no later than 48 hours after the request.
- iii. At a minimum, interim services include the following:
 - a. Counseling and education about the risks and prevention of transmission of HIV and TB;
 - b. Counseling and education about the risks of needle-sharing;
 - c. Counseling and education about the risks of transmission to sexual partners and infants;
 - d. Referral for HIV or TB services;
 - e. Counseling on the effects of alcohol and drug use on the fetus; and
 - f. Referral for prenatal care.

Perinatal Practice Guidelines, Section C, 4

4. It is recommended that pregnant and parenting women are provided with interim services while they are awaiting admission into treatment. The delivery of interim services aims to reduce the risks of fetal exposure to substances, and to help contain the spread of infectious disease.

Often times, placing a client who is requesting SUD treatment services on a waiting list serves as a barrier. It often leads some individuals “to give up on treatment and continue using, while some are prompted to perceive sobriety during the waiting period as proof that treatment is not necessary. Therefore, it is important to provide pregnant and parenting women with interim services as a means of reducing adverse health effects, encouraging entry into treatment, and promoting the health of women. Examples of interim services include peer mentorship, services by telephone or e-mail, risk assessment activities, and drop-in centers.

42 USC § 300x-23

Findings: The County did not provide evidence of compliance demonstrating interim services include the following elements:

- Counseling and education about the risks and prevention of transmission of HIV and TB;
- Counseling and education about the risks of needle-sharing;
- Counseling and education about the risks of transmission to sexual partners and infants;
- Referral for HIV or TB services;
- Counseling on the effects of alcohol and drug use on the fetus; and
- Referral for prenatal care.

CD 3.3:

DMC Contract, Exhibit A, Attachment I A1, Part II, I

I. Perinatal Practice Guidelines

The Contractor will follow the guidelines in Document 1G, “Perinatal Practice Guidelines,” in developing and implementing perinatal treatment and recovery programs funded under this Exhibit, until new Perinatal Practice Guidelines are established and adopted. No formal amendment of this Contract is required for new guidelines to be incorporated into this Contract.

DMC Contract, Exhibit A, Attachment I A1, Part II, Q

Q. Subcontract Provisions

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

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

Category 4: YOUTH SERVICES

A review of the County's Youth 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 4.3:

DMC Contract, Exhibit A, Attachment I A1, Part II, J

J. Youth Treatment Guidelines

The Contractor will follow the guidelines in Document 1V, "Youth Treatment Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until new Youth Treatment Guidelines are established and adopted. No formal amendment of this Contract is required for new guidelines to be incorporated into this Contract.

DMC Contract, Exhibit A, Attachment I A1, Part II, Q

Q. Subcontract Provisions

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

Findings: The County did not provide evidence demonstrating that all of the foregoing State County Contract Exhibit A, Attachment I, Part II general provisions are included in all executed subcontracts, including the Youth Treatment Guidelines (Adolescent Best Practices Guidelines) provision.

Category 5: REPORTING REQUIREMENTS

A review of the County's reporting requirements 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 5.1:

DMC Contract, Exhibit A, Attachment I A1, Part III; C, 3-6

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

Findings: The County's Open Admissions Report is out of compliance.

TECHNICAL ASSISTANCE

Colusa County did not request technical assistance during this review.