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ACTING DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

February 13, 2020

Sent via e-mail to: hsnow@co.del-norte.ca.us

Heather Snow, Director
County of Del Norte Health and Human Services
455 K Street
Crescent City, CA 95531

SUBJECT: Annual County Compliance Unit Report

Dear Director Snow:

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 Del Norte 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 Del Norte 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.

Del Norte 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 3/13/2020. Please use enclosed CAP plan form when completing the CAP. CAP and supporting documentation to be e-mailed to the CMU analyst at MCBHDMonitoring@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

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
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MCBHDMonitoring@dhcs.ca.gov, County and Provider Monitoring Unit
Ranell Brown, County of Del Norte Assistant Director Health and Human Services
Shiann Hogan, County of Del Norte Program Manager Behavioral Health Branch

Lead CCU Analyst: Michael Bivians	Date of Review: 1/28/2020 - 1/29/2020
County: Del Norte	County Address: 455 K Street Crescent City, CA 95531
County Contact Name/Title: Shiann Hogan, Program Manager Behavioral Health Branch	County Phone Number/Email: 707-464-7224 shogan@co.del-norte.ca.us
Report Prepared by: Michael Bivians	Report Approved by: 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 455 K Street Crescent City, CA 95531 on 1/28/2020. The following individuals were present:

- Representing DHCS:
Michael Bivians, Associate Governmental Program Analyst (AGPA)
- Representing Del Norte County:
Heather Snow, Director Health and Human Services
Ranell Brown, Assistant Director Health and Human Services
Shiann Hogan, Program Manager Behavioral Health Branch
Samantha Reagen, Administrative Analyst Health and Human Services
Marcus Padilla, Staff Services Analyst Behavioral Health Branch
Michelle Stephens, Senior Account Clerk Behavioral Health Branch
Nancy McClaflin, Fiscal Manager Behavioral Health Branch
Naome Workman, Substance Abuse Specialist Behavioral Health Branch

During the Entrance Conference the following topics were discussed:

- Introductions
- DHCS Re-Organization
- Medi-Cal Healthier California for All (formerly known as CalAIM) Proposal
- Overview of the Monitoring Process
- County of Del Norte Overview of Services

Exit Conference:

An exit conference was conducted at 455 K Street Crescent City, CA 95531 on 1/29/2020. The following individuals were present:

- Representing DHCS:
Michael Bivians, AGPA
- Representing Del Norte County:
Ranell Brown, Assistant Director Health and Human Services
Shiann Hogan, Program Manager Behavioral Health Branch
Samantha Reagen, Administrative Analyst Health and Human Services
Michelle Stephens, Senior Account Clerk Behavioral Health Branch
Nancy McClaflin, Fiscal Manager Behavioral Health Branch

During the Exit Conference the following topics were discussed:

- Review of Compliance Deficiencies
- Follow-Up Deadlines

SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	2
2.0 Beneficiary Services	0
3.0 Service Provisions	0
4.0 Access	1
5.0 Monitoring	1
6.0 Program Integrity	2
7.0 Compliance	13

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 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 1.2:

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 annually and the County did not provide evidence their subcontractors are receiving Title 22 training annually. The County did not submit annual Title 22 training to DHCS by emailing SudCountyReports@dhcs.ca.gov.

CD 1.3:

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

g) Contractor shall assure that subcontractor sites keep a record of the clients/patients being treated at each location. Contractor shall retain client records for a minimum of ten years after the completion of the final settlement process.

Exhibit A, Attachment I A2, Part I, Section 4, B, 5, a

Contractor shall include instructions on record retention in any subcontract with providers and mandate all providers to keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to W&I Code, Section 14124.1.

W&I Code, Section 14124.1

... Records required to be kept and maintained under this section shall be retained by the provider for a period of 10 years from the final date of the contract period between the plan and the provider, from the date of completion of any audit, or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

Finding: The County did not provide evidence that records are retained for ten years from the final date of the contract period between the County and the provider or from the date of completion of any audit or from the date the service was rendered, whichever is later.

4.0 ACCESS

The following DMC deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 4.7:

Exhibit A, Attachment I, Part I, Section 4, B, 6, a

- a) Contractor shall notify their assigned DHCS' County Monitoring Unit analyst through e-mail of the termination of any contract with a certified subcontracted provider, and the basis for termination of the contract, within two business days.

Finding: The County's process does not include notifying the assigned DHCS County Monitoring Unit analyst within two (2) business days when a provider's subcontract is terminated.

5.0 MONITORING

The following DMC deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

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.

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;

- Assessments;
- Diagnosis;
- Medical Necessity;
- Treatment Plans;
- Progress Notes;
- Sign-in Sheets;
- Continuing Services Justification; and
- Minimum Quality Drug Treatment Standards (MQDTS).

6.0 PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCIES:

CD 6.16:

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(h)(7)

7. Except where share of cost, as defined in Section 50090, is applicable, providers shall accept proof of eligibility for Drug Medi-Cal as payment in full for treatment services rendered. Providers shall not charge fees to a beneficiary for access to Drug Medi-Cal substance use disorder services or for admission to a Drug Medi-Cal Treatment slot.

22 CCR § 50090.

Share of cost means a person's or family's net income in excess of their maintenance need that must be paid or obligated toward the cost of health care services before the person or family may be certified and receive Medi-Cal cards.

Finding: The County does not ensure subcontracted providers are accepting proof of DMC eligibility as payment in full for drug treatment services.

CD 6.18:

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.

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 Code of Conduct for Medical Directors did not include the following requirements;
Providing services beyond scope;
Cooperate with complaint investigations; and
Not signed and dated by a program representative and physician.

7.0 COMPLIANCE

During the SFY 2019-20 review, the following CAPs with CDs were discussed and are still outstanding.

CD 7.20:

State Fiscal Year: 2018-19

NR #: 9.42

Finding: The County must develop a clearly written statement notifying sub-contracted DMC providers of the No Unlawful Use or Unlawful Use of Messages Regarding Drugs.

Reason for non-clearance of CD: The County had a large turn over in staff including our Program Manager, in addition to this our Substance Use Disorder Program and our Mental Health program merged into one location to become Behavioral Health.

County plan to remediate: We have recently filled the program manager position and now able to address this deficiency.

Original expected date of completion: 6/30/2019

Updated/revised date of completion: No date provided.

CD 7.21:

State Fiscal Year: 2018-19

NR #: 9.43

Finding: The County must retain records for ten years for each service rendered.

Reason for non-clearance of CD: The County had a large turn over in staff including our Program Manager, in addition to this our Substance Use Disorder Program and our Mental Health program merged into one location to become Behavioral Health.

County plan to remediate: We have recently filled the program manager position and now able to address this deficiency.

Original expected date of completion: 6/30/2019

Updated/revised date of completion: 1/31/2020

CD 7.22:

State Fiscal Year: 2018-19

NR #: 9.45

Finding: The County must develop assessment and referral procedures for all of the above required DMC covered services.

Reason for non-clearance of CD: The County had a large turn over in staff including our Program Manager, in addition to this our Substance Use Disorder Program and our Mental Health program merged into one location to become Behavioral Health.

County plan to remediate: We have recently filled the program manager position and now able to address this deficiency.

Original expected date of completion: 6/30/2019

Updated/revised date of completion: 2/28/2020

CD 7.23:

State Fiscal Year: 2018-19

NR #: 9.46

Finding: The County must comply with the following requirements for Naltrexone treatment:

- Has a confirmed, documented history of opiate addiction
- Is at least (18) years of age
- Is opiate free
- Is not pregnant

Reason for non-clearance of CD: The County had a large turn over in staff including our Program Manager, in addition to this our Substance Use Disorder Program and our Mental Health program merged into one location to become Behavioral Health.

County plan to remediate: We have recently filled the program manager position and now able to address this deficiency.

Original expected date of completion: 6/30/2019

Updated/revised date of completion: 2/28/2020

CD 7.24:

State Fiscal Year: 2018-19

NR #: 9.47

Finding: The County must develop a monitoring process for DMC program requirements.

Reason for non-clearance of CD: The County already has a process for this as part of their Monitoring Tool – See attached Monitoring tool, we follow DMC and SAPG guidelines when using this tool. We believe this item should be resolved based on our submitted monitoring tool.

County plan to remediate: We believe this item should be resolved based on our submitted monitoring tool.

Original expected date of completion: 4/16/2019

Updated/revised date of completion: No date provided.

CD 7.25:

State Fiscal Year: 2018-19

NR #: 9.48

Finding: The County must ensure all SUD treatment programs comply with the Minimum Quality Drug Treatment Standards 2F(a) for DMC.

Reason for non-clearance of CD: This regulation is mentioned in the Monitoring Tool references in deficiency 9.47. Page 47, Question 15, 15a of the Monitoring Tool.

County plan to remediate: We believe this item should be resolved based on our submitted monitoring tool.

Original expected date of completion: 4/16/2019

Updated/revised date of completion: No date provided.

CD 7.26:

State Fiscal Year: 2018-19

NR #: 9.58

Finding: The County must review and verify that claims submitted were accurate and legitimate.

Reason for non-clearance of CD: The County had a large turn over in staff including our Program Manager, in addition to this our Substance Use Disorder Program and our Mental Health program merged into one location to become Behavioral Health.

County plan to remediate: We have recently filled the program manager position and now able to address this deficiency. We have been able to identify internal processes to complete end of month checks and feel we can resolve this deficiency by providing those details to the state.

Original expected date of completion: 4/16/2019

Updated/revised date of completion: 2/28/2020

CD 7.27:

State Fiscal Year: 2018-19

NR #: 9.59

Finding: The County must develop a process to notify the Master Provider File Team within two business days of notification or discovery of subcontractors' contract termination.

Reason for non-clearance of CD: The County had a large turn over in staff including our Program Manager, in addition to this our Substance Use Disorder Program and our Mental Health program merged into one location to become Behavioral Health.

County plan to remediate: We have recently filled the program manager position and now able to address this deficiency.

Original expected date of completion: 6/30/2019

Updated/revised date of completion: 2/28/2020

CD 7.28:

State Fiscal Year: 2018-19

NR #: 9.60

Finding: The County must ensure subcontracted providers are accepting proof of DMC eligibility as payment in full for drug treatment services.

Reason for non-clearance of CD: The County had a large turn over in staff including our Program Manager, in addition to this our Substance Use Disorder Program and our Mental Health program merged into one location to become Behavioral Health.

County plan to remediate: We have recently filled the program manager position and now able to address this deficiency.

Original expected date of completion: 6/30/2019

Updated/revised date of completion: 2/28/2020

CD 7.29:

State Fiscal Year: 2018-19

NR #: 9.61

Finding: The County must provide services to beneficiaries who reside out of county.

Reason for non-clearance of CD: The County had a large turn over in staff including our Program Manager, in addition to this our Substance Use Disorder Program and our Mental Health program merged into one location to become Behavioral Health.

County plan to remediate: We have recently filled the program manager position and now able to address this deficiency.

Original expected date of completion: 6/30/2019

Updated/revised date of completion: 2/28/2020

CD 7.30:

State Fiscal Year: 2018-19

NR #: 9.64

Finding: The County must ensure subcontractors are in compliance with the following requirements before authorizing residential services:

- Must be documented in beneficiary record
- Physician shall determine whether SUD services are medically necessary based on Title 22, Section 51303

Reason for non-clearance of CD: The County had a large turn over in staff including our Program Manager, in addition to this our Substance Use Disorder Program and our Mental Health program merged into one location to become Behavioral Health.

County plan to remediate: We have recently filled the program manager position and now able to address this deficiency.

Original expected date of completion: 6/30/2019

Updated/revised date of completion: 2/28/2020

CD 7.31:

State Fiscal Year: 2018-19

NR #: 9.65

Finding: The County must ensure that all DMC programs have medical policies and standards developed and approved by the program medical director.

Reason for non-clearance of CD: The County had a large turn over in staff including our Program Manager, in addition to this our Substance Use Disorder Program and our Mental Health program merged into one location to become Behavioral Health.

County plan to remediate: We have recently filled the program manager position and now able to address this deficiency.

Original expected date of completion: 6/30/2019

Updated/revised date of completion: 2/28/2020

CD 7.32:

State Fiscal Year: 2018-19

NR #: 9.66

Finding: The County must ensure subcontractor medical director's annual continuing education units in addiction medicine.

Reason for non-clearance of CD: The County had a large turn over in staff including our Program Manager, in addition to this our Substance Use Disorder Program and our Mental Health program merged into one location to become Behavioral Health.

County plan to remediate: We have recently filled the program manager position and now able to address this deficiency.

Original expected date of completion: 6/30/2019

Updated/revised date of completion: 2/28/2020

TECHNICAL ASSISTANCE

DHCS's County Compliance Unit Analyst will make referrals to the County Monitoring Analyst for the training and/or technical assistance identified below.

Administration & Documentation: The County requested TA for Title 22 documentation requirements.

Quality Improvement: The County requested TA for discussions regarding expectations and regulatory requirements for Quality Improvement.