



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

July 21, 2022

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

Ranell Brown, Director
Del Norte County Health and Human Services
455 K Street
Crescent City, CA 95531

SUBJECT: Annual DMC State Plan County Compliance Unit Findings Report

Dear Director Brown:

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 2021-22 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/Provider Operations and Monitoring Branch (CPOMB) liaison by 9/21/2022. 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 becky.counter@dhcs.ca.gov.

Sincerely,

Becky Counter
(916) 713-8567

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: Director Brown,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief
Ayesha Smith, Audits and Investigations, Behavioral Health Compliance Unit Chief
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief
Cindy Berger, Audits and Investigations, Provider Compliance Unit Chief
Sergio Lopez, County/Provider Operations Monitoring Section I Chief
Tony Nguyen, County/Provider Operations Monitoring Section II Chief
MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Shiann Hogan, Del Norte County Program Manager
Samantha Reagen, Del Norte County Staff Services Manager

COUNTY REVIEW INFORMATION

County:

Del Norte

County Contact Name/Title:

Shiann Hogan/Program Manager

County Address:

455 K Street
Crescent City, CA 95531

County Phone Number/Email:

707) 464-7224
shogan@co.del-norte.ca.us

Date of Review:

6/20/2022

Lead CCU Analyst:

Becky Counter

Assisting CCU Analyst:

N/A

Report Prepared by:

Becky Counter

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 6/20/2022. The following individuals were present:

- Representing DHCS:
Becky Counter, Associate Governmental Program Analyst (AGPA)
Connie Perez, Health Program Specialist I (HPS I)
Kathryn Sears, Staff Services Manager I (SSM I)
- Representing Del Norte County:
Ranell Brown, Director
Shiann Hogan, Program Manager
Nancy McClafin, Fiscal Manager
Samantha Reagen, Staff Services Manager
Naome Workman, Program Coordinator

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 6/20/2022. The following individuals were present:

- Representing DHCS:
Becky Counter, AGPA
Connie Perez, HPS I
Kathryn Sears, SSM I
- Representing Del Norte County:
Ranell Brown, Director
Shiann Hogan, Program Manager
Nancy McClafin, Fiscal Manager
Samantha Reagen, Staff Services Manager
Naome Workman, Program Coordinator

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	2
2.0 Covered Services	0
3.0 DMC Certification & Continued Certification	3
4.0 Monitoring	3
5.0 General Provisions	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 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 deficiencies in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 1.2:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part II, S, 1 a

S. Nondiscrimination Notice, Nondiscrimination Statement, and Taglines

1. The Contractor shall post a DHCS-approved nondiscrimination notice and language taglines in at least the top 16 non-English languages in the State (as determined by DHCS), as well as large print, explaining the availability of free language assistance services, including written translation and oral interpretation to understand the information provided, and the toll-free and TTY/TOY telephone number of the Contractor's member/customer service unit, as follows:

- a. In all conspicuous physical locations where the Contractor interacts with the public.

Findings: The County did not provide evidence of subcontractors demonstrating the posting of a DHCS-approved nondiscrimination notice and language taglines in conspicuous physical locations where interactions with the public occur.

CD 1.5:

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

- 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.

WIC 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 demonstrating it includes instructions on record retention in subcontract with providers mandating 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.

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 requirements are 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;
- Only pregnant and postpartum women are eligible to receive residential substance use disorder services;
- Perinatal services shall address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and development of parenting skills;
- Mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792);
- Service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment);
- Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
- Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).

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 five (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 five (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 Del Norte County's Medical Director, Dr. Wilson, 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 Del Norte County's Medical Director, Dr. Wilson, for calendar year 2019.
- The continuing medical education submitted for calendar year 2020 for Del Norte County's Medical Director, Dr. Wilson, totaled only four and a half (4.5) hours.

The County did not provide evidence demonstrating Aegis's Medical Director (OOCR # 080875, Redding) 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's Medical Director (OOCR # 080875, Redding) for calendar year 2019.
- The County did not provide evidence of continuing medical education for Aegis's Medical Director (OOCR # 080875, Redding) for calendar year 2020.

The County did not provide evidence demonstrating Granite Wellness's Medical Director (OOCR # 080871, Grass Valley) 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 Granite Wellness's Medical Director (OOCR # 080871, Grass Valley) for calendar year 2019.
- The County did not provide evidence of continuing medical education for Granite Wellness's Medical Director (OOCR # 080871) for calendar year 2020.

The County did not provide evidence demonstrating Waterfront Recovery's Medical Director (OOCR # 081095, Eureka) 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 Waterfront Recovery's Medical Director (OOCR # 081095, Eureka) for calendar year 2019.
- The County did not provide evidence of continuing medical education for Waterfront Recovery Medical Director (OOCR # 081095, Eureka) for calendar year 2020.

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 Del Norte County's Medical Director, Dr. Wilson, includes all required elements. The following required elements are missing, specifically:

- Signed and dated by a provider representative;
- Use of drugs and/or alcohol;
- Discrimination against beneficiary's or staff;
- Protection beneficiary confidentiality; and
- Cooperate with complaint investigations.

The County did not provide evidence demonstrating the Code of Conduct for Aegis's Medical Director, Dr. Waring (OOCR # 080875, Redding) includes all required elements. The following required element is missing, specifically:

- Cooperate with complaint investigations.

The County did not provide evidence demonstrating the Code of Conduct for Waterfront Recovery Services Medical Director (OOCR # 081095, Eureka) includes all required elements. The following required elements are missing, specifically:

- Signed and dated by the physician;
- Signed and dated by a provider representative;
- Use of drugs and/or alcohol;
- Prohibition of social/business relationship with beneficiary's or their family members for personal gain;
- Prohibition of sexual contact with beneficiaries;
- Conflict of interest;
- Providing services beyond scope;
- Discrimination against beneficiary's or staff;
- Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff;
- Protection beneficiary confidentiality; and
- Cooperate with complaint investigations.

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.

Finding: The County did not provide evidence demonstrating subcontractor SUD program Medical Directors have written roles and responsibilities.

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 deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

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

Del Norte County did not request Technical Assistance for FY 21-22.