



MICHELLE BAASS
DIRECTOR

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Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

June 29, 2022

Sent via e-mail to: nicole.ebrahimi-nuyken@edcgov.us

Nicole Ebrahimi-Nuyken, Behavioral Health Director
El Dorado County Health and Human Services Agency
768 Pleasant Valley Road, Suite 201
Diamond Springs, CA 95619

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Ebrahimi-Nuyken:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to the requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver and the terms of the Intergovernmental Agreement operated by El Dorado 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 El Dorado County's State Fiscal Year 2021-22 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

El Dorado County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) noted to the Medi-Cal Behavioral Health Division (MCBHD), Plan and Network Monitoring Branch (PNMB), County/Provider Operation and Monitoring Branch (CPOMB) Analyst by 8/29/2022. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CPOMB liaison 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
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Distribution:

To: Director Ebrahimi-Nuyken

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MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Salina Drennan, El Dorado County SUD Program Administrator/Manager
Shaun O'Malley, El Dorado County Alcohol and Drug Programs Supervisor

COUNTY REVIEW INFORMATION

County:

El Dorado

County Contact Name/Title:

Salina Drennan/ SUD Program Administrator/Manager

County Address:

768 Pleasant Valley Road, Suite 201
Diamond Springs, CA 95619

County Phone Number/Email:

(530) 621-6207
salina.drennan@edcgov.us

Date of DMC-ODS Implementation:

6/1/2019

Date of Review:

5/4/2022

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. 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
 - b. Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care

- II. Program Requirements:
 - a. Fiscal Year (FY) 2020-21 Intergovernmental Agreement (IA)
 - b. Fiscal Year (FY) 2021-22 Intergovernmental Agreement (IA)
 - 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 5/4/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, Associate Governmental Program Analyst (AGPA)
- Representing El Dorado County:
Nicole Ebrahimi-Nuyken, Behavioral Health Director
Salina Drennan, El Dorado County SUD Program Administrator/Manager
Shaun O'Malley, El Dorado County Alcohol and Drug Programs Supervisor

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 5/4/2022. The following individuals were present:

- Representing DHCS:
Katrina Beedy, AGPA
Mary Westmark, AGPA
Kathryn Sears, Staff Services Manager I (SSM I)
- Representing El Dorado County:
Nicole Ebrahimi-Nuyken, Behavioral Health Director
Salina Drennan, El Dorado County SUD Program Administrator/Manager
Shaun O'Malley, El Dorado County Alcohol and Drug Programs Supervisor

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 Availability of DMC-ODS Services	6
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	0
4.0 Access and Information Requirements	1
5.0 Beneficiary Rights and Protections	0
6.0 Program Integrity	2

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part III, Section KK, 2, i 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) DHCS' CAP Template used to document process.
- b) A list of action steps to be taken to correct the CD.
- c) The name of the person who will be responsible for corrections and ongoing compliance.
- d) Provide a specific description on how ongoing compliance is ensured
- e) A date of completion for each CD.

The CPOMB liaison will monitor progress of the CAP completion.

Category 1: AVAILABILITY OF DMC-ODS SERVICES

A review of the administrative trainings, policies and procedures was conducted to ensure compliance with applicable regulations, and standards. The following deficiencies in availability of DMC-ODS services were identified:

COMPLIANCE DEFICIENCIES:

CD 1.4.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iii

- iii. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

Findings: The Plan did not provide evidence demonstrating the monitoring of personnel files to ensure non-professional and professional staff employed by El Dorado County have appropriate experience and necessary training at the time of hiring. The Plan did not provide evidence for:

- Two (2) professional/licensed staff hired by El Dorado County.

CD 1.4.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, ii

- ii. Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

Findings: The Plan did not provide evidence demonstrating non-professional staff employed by El Dorado County receive appropriate onsite orientation and training prior to performing assigned duties. The Plan did not provide evidence for:

- Two (2) non-professional staff hired by El Dorado County.

CD 1.4.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iii

- iii. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

Findings: The Plan did not provide evidence of monitoring personnel files for two (2) non-professional staff hired by subcontractors from the following network providers:

- Aegis Treatment Centers Coloma Way in Roseville (OOCR # 091044)
- Granite Wellness – Grass Valley Campus (OOCR #090968)

The Plan did not provide evidence of monitoring personnel files for two (2) professional/licensed staff hired by subcontractors from the following network providers:

- Progress House Outpatient Services – Coloma St. in Placerville (090927)

CD 1.4.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, ii

- ii. Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

Findings: The Plan did not provide evidence of appropriate onsite orientation and training for two (2) non-professional staff hired by subcontractors from the following network providers:

- New Morning Youth and Family Services (090907)
- Aegis Treatment Centers MED Unit (090933)

The Plan did not provide evidence of appropriate onsite orientation and training for two (2) professional/licensed staff hired by subcontractors from the following network providers:

- Progress House Perinatal Facility (090918)
- Granite Wellness Truckee Service Center (OOCR # 090950)

CD 1.4.6:

Intergovernmental Agreement Exhibit A, Attachment I, III, GG, 3, i

3. Training to DMC Subcontractors

- i. The Contractor shall ensure that all subcontractors receive training on the DMC-ODS requirements, at least annually. The Contractor shall report compliance with this section to DHCS annually as part of the DHCS County Monitoring process.

Findings: The Plan did not provide evidence demonstrating all subcontractors receive annual training on the DMC-ODS requirements.

CD 1.4.9:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, v

- iv. Professional staff (LPHAs) shall receive a minimum of five hours of continuing education related to addiction medicine each year.

Findings: The Plan did not provide evidence demonstrating New Morning Youth and Family Services professional staff (LPHAs) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan submitted continuing education units for one (1) of three (3) subcontractor LPHA staff for calendar year 2019 and 2020.

The Plan did not provide evidence demonstrating the Aegis Treatment Centers MED Unit professional staff (LPHAs) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The continuing education units submitted for calendar year 2020 for Thomas Morley and Denise Smart totaled zero (0) hours.

The Plan did not provide evidence demonstrating the Granite Wellness Auburn Campus Outpatient Program professional staff (LPHAs) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The continuing education units submitted for Nancy Taylor and David Ellingson for calendar year 2019 totaled zero (0) hours.

Category 4: ACCESS AND INFORMATION REQUIREMENTS

A review of the access and information requirements for the access line, language and format requirements and general information was conducted to ensure compliance with applicable regulations and standards. The following deficiency in access and information requirements was identified:

COMPLIANCE DEFICIENCY:

CD 4.1.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, II, 1

1. Contractor shall include instructions on record retention and include in any subcontract with providers the mandate to keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to WIC 14124.1 and 42 CFR 438.3(h) and 438.3(u).

WIC 14124.1

Each provider, as defined in Section 14043.1, of health care services rendered under the Medi-Cal program or any other health care program administered by the department or its agents or contractors, shall keep and maintain records of each service rendered under the Medi-Cal program or any other health care program administered by the department or its agents or contractors, the beneficiary or person to whom rendered, the date the service was rendered, and any additional information as the department may by regulation require. 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.

Findings: The Plan did not provide evidence demonstrating it includes instructions on record retention in any 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 6: PROGRAM INTEGRITY

A review of the compliance program, service verification, and fraud reporting was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in program integrity were identified:

COMPLIANCE DEFICIENCIES:

CD 6.1.2:

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, e

e. Provision for a method to verify, by sampling or other methods, whether services that have been represented to have been delivered by network providers were received by beneficiaries and the application of such verification processes on a regular basis.

Findings: The Plan did not provide evidence demonstrating the application of a verification process where services represented to have been delivered by network providers are verified as being received by beneficiaries.

CD 6.3.1

Intergovernmental Agreement Exhibit A, Attachment I, III, BB, 1

1. Service Verification. To assist DHCS in meeting its obligation under 42 CFR 455.1(a)(2), the Contractor shall establish a mechanism to verify whether services were actually furnished to beneficiaries.

Findings: The Plan did not provide evidence demonstrating an established mechanism to verify whether services were actually furnished to beneficiaries.

TECHNICAL ASSISTANCE

El Dorado County did not request technical assistance for this review.