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

MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

July 21, 2022

Sent via e-mail to:

Susan Holt, Interim Behavioral Health Director
Fresno County Department of Behavioral Health
4441 East Kings Canyon Road
Fresno, CA 93702-3604

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Holt:

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 Fresno 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 Fresno 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.

Fresno 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 9/21/2022. Please use the enclosed CAP form and submit the completed the CAP and supporting documentation via email to the CPOMB liaison at MCBHDMonitoring@dhcs.ca.gov.

If you have any questions, 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: Director Holt:

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
Cesar Rodriguez Perez, Senior Staff Analyst, Fresno County Behavioral Health
Luis Iraheta, Staff Analyst, Fresno County Behavioral Health
Kathy Anderson, Principal Staff Analyst, Substance Abuse Contracts, Fresno County Behavioral Health
Joseph Rangel, Division Manager, Contracted Services Division, Fresno County Behavioral Health
Marcelia Black, Division Manager, Managed Care, Fresno County Behavioral Health
Jeffrey Elliot, Quality Improvement Coordinator, Fresno County Behavioral Health
Kannika Toonachat, Division Manager, ISD/Medical Records, Fresno County Behavioral Health

COUNTY REVIEW INFORMATION

County:
Fresno

County Contact Name/Title:
Kathy Anderson/Principal Staff Analyst

County Address:
3133 N. Millbrook Avenue, Fresno, CA 93703

County Phone Number/Email:
(559) 600-6060
kathyanderson@co.fresno.ca.us

Date of DMC-ODS Implementation:
1/1/2019

Date of Review:
6/15/2022

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 6/15/2022. The following individuals were present:

- Representing DHCS:
  Katrina Beedy, Associate Governmental Program Analyst (AGPA)
  Marcia Casado, AGPA
  Michael Ulibarri, Staff Services Manager I (SSM I)

- Representing Fresno County:
  Kathy Anderson, Principal Staff Analyst
  Natalie Armistead, Clinical Supervisor
  Marcelia Black, Division Manager, Managed Care
  Jeffrey Elliot, Quality Improvement Coordinator
  Sharon Erwin, Senior Staff Analyst
  Lesby Flores, Division Manager, Children's Services
  Jolie Gordon-Browar, Division Manager, Adult Services
  Luis Iraheta, Staff Analyst
  Ryan Moench, Senior Substance Abuse Specialist
  Joseph Rangel, Division Manager, Contracted Services Division
  Cesar Rodriguez, Senior Staff Analyst
  Kannika Toonachat, Division Manager, ISD/Medical Records
  Elizabeth Thomas, Senior Staff Analyst
  Elizabeth Vasquez, Compliance Officer
  Stacy VanBruggen, Division Manager, Adult Services
  Mark Winslow, Business Systems Analyst

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 6/15/2022. The following individuals were present:

- Representing DHCS:
  Katrina Beedy, AGPA
  Marcia Casado, AGPA
  Michael Ulibarri, SSM I

- Representing Fresno County:
  Kathy Anderson, Principal Staff Analyst
  Natalie Armistead, Clinical Supervisor
  Marcelia Black, Division Manager, Managed Care
  Jeffrey Elliot, Quality Improvement Coordinator
  Sharon Erwin, Senior Staff Analyst
  Lesby Flores, Division Manager, Children's Services
  Jolie Gordon-Browar, Division Manager, Adult Services
  Luis Iraheta, Staff Analyst
  Ryan Moench, Senior Substance Abuse Specialist
  Joseph Rangel, Division Manager, Contracted Services Division
  Cesar Rodriguez, Senior Staff Analyst
  Kannika Toonachat, Division Manager, ISD/Medical Records
  Elizabeth Thomas, Senior Staff Analyst
  Elizabeth Vasquez, Compliance Officer
  Stacy VanBruggen, Division Manager, Adult Services
  Mark Winslow, Business Systems Analyst

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)

Section:		Number of CD's
1.0	Availability of DMC-ODS Services	6
2.0	Coordination of Care	0
3.0	Quality Assurance and Performance Improvement	4
4.0	Access and Information Requirements	3
5.0	Beneficiary Rights and Protections	0
6.0	Program Integrity	1

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 1.1.3:
Intergovernmental Agreement Exhibit A, Attachment I, II, E, 1, iii, a-d

iii. The Contractor shall comply with the following timely access requirements:
   a. Meet and require its network providers to meet Department standards for timely access to care and services, taking into account the urgency of the need for services.
   b. Ensure that the network providers offer hours of operation that are no less than the hours of operation offered to commercial beneficiaries or comparable to Medicaid FFS, if the provider serves only Medicaid beneficiaries.
   c. Make services included in this Agreement available 24 hours a day, 7 days a week, when medically necessary.
   d. Establish mechanisms to ensure compliance by network providers.

Findings: The Plan did not provide evidence demonstrating all network provider's compliance with all timely access requirements. The Plan did not provide evidence of the following timely access requirements:

- Meet and require network providers to meet DHCS standards for timely access to care and services; and
- Establish mechanism to ensure compliance by network providers.

CD 1.1.4:
Intergovernmental Agreement Exhibit A, Attachment I, II, E, 1, iii, e-f

iii. The Contractor shall comply with the following timely access requirements:
   e. Monitor network providers regularly to determine compliance.
   f. Take corrective action if there is a failure to comply by a network provider.

Findings: The Plan did not provide evidence demonstrating all network providers' compliance with timely access requirements. The Plan did not provide evidence of the following timely access requirement:

- Take corrective action if there is a failure to comply by a network provider.

CD 1.2.2:
Intergovernmental Agreement Exhibit A, Attachment I, II, E, 5, i, a, i-ii

i. The Contractor shall implement written policies and procedures for selection and retention of network providers and the implemented policies and procedures, at a minimum, meet the following requirements:
   a. Credentialing and re-credentialing requirements.
      i. The Contractor shall follow the state's established uniform credentialing and re-credentialing policy that addresses behavioral and substance use disorders, outlined in DHCS Information Notice 18-019.
      ii. The Contractor shall follow a documented process for credentialing and re-credentialing of network providers.

MHSUDS Information Notice: 18-019
Attestation
For all network providers who deliver covered services, each provider's application to contract with the Plan must include a signed and dated statement attesting to the following:

1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
2. A history of loss of license or felony conviction;
3. A history of loss or limitation of privileges or disciplinary activity;
4. A lack of present illegal drug use; and
5. The application's accuracy and completeness.

Findings: The Plan did not provide evidence demonstrating the credentialing attestation form contains the required elements. The missing element includes:

- A lack of present illegal drug use.

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 Fresno 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 Fresno County during FY 2020-21.

CD 1.4.8:
Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iv
iv. Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.

Findings: The Plan did not provide evidence demonstrating Fresno County's physician received the annual five (5) hours of continuing medical education units in addiction medicine. Specifically:

- The evidence submission did not make clear that the County MD, Dr. John Tran, completed 5 continuing medical education units in calendar year 2019.

The Plan did not provide evidence demonstrating that the Mental Health Services Fresno First (106510) physician received the annual five (5) hours of continuing medical education units in addiction medicine. Specifically:

- The evidence submission did not make clear that the Mental Health Services MD, Dr. Doris Tan, completed 5 continuing medical education units in calendar year 2019.

CD 1.4.9:
Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, v
v. 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 Fresno County's Pathway to Recovery (101030) professional staff (LPHAs) received the annual five (5) hours of continuing education units in addiction medicine. Specifically:

- The Plan submitted continuing education units for one (1) of two (2) County LPHA staff for calendar years 2019 and 2020.

The Plan did not provide evidence demonstrating Bay Area Addiction Research and Treatment (101028) professional staff (LPHAs) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan did not submit continuing education units for Farhad Mahjouri and Veronica Odita for calendar year 2019.
- The continuing education units submitted for calendar year 2019 for Laurene Spencer totaled 0.25 hours.

The Plan did not provide evidence demonstrating the Prodigy Healthcare (106245) professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan submitted continuing education units for one (1) of two (2) subcontractor LPHA staff for calendar years 2019 and 2020.

Category 3: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

A review of the practice guidelines, monitoring, and other quality assurance requirements was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in quality assurance and performance improvement were identified:

COMPLIANCE DEFICIENCIES:

CD 3.2.4:
Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, iii, a-i

i. Written provider 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 beneficiaries 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 beneficiaries or staff
   g. Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff
   h. Protection of beneficiary confidentiality
   i. Cooperate with complaint investigations

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, v

v. Written roles and responsibilities and a code of conduct for the Medical Director shall be clearly documented, signed and dated by a provider representative and the physician.

Findings: The Plan did not provide evidence demonstrating the Code of Conduct for the Tarzana Lancaster (109002) Medical Director includes all required elements. The following required elements are missing, specifically:

- Signed and dated by a provider representative; and
- Prohibition of sexual contact with beneficiaries.

CD 3.3.2:
Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i-ix

1. The monitoring of accessibility of services outlined in the Quality Improvement (QI) Plan will at a minimum include:
    i. Timeliness of first initial contact to face-to-face appointment.
    ii. Frequency of follow-up appointments in accordance with individualized treatment plans.
    iii. Timeliness of services of the first dose of OTP/NTP services.
    iv. Access to after-hours care.
    v. Responsiveness of the beneficiary access line.
    vi. Strategies to reduce avoidable hospitalizations.
    vii. Coordination of physical and mental health services with waiver services at the provider level.
    viii. Assessment of the beneficiaries' experiences.
    ix. Telephone access line and services in the prevalent non-English languages.

Findings: The Plan did not provide evidence demonstrating how County and subcontractor staff are monitored for the accessibility of services outlined in the Quality Improvement (QI) Plan including:

- Frequency of follow-up appointments in accordance with individualized treatment plans;
- Access to after-hours care;
- Strategies to reduce avoidable hospitalizations; and
- Coordination of physical and mental health services with waiver services at the provider level.

CD 3.4.1:
Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 4, i, c-f

i. The CalOMS-Tx business rules and requirements are:
    c. Electronic submission of CalOMS-Tx data shall be submitted by Contractor within 45 days from the end of the last day of the report month.
    d. 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 and reporting requirements.
    e. 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.
    f. 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 Plan's Open Admissions report is not in compliance.

CD 3.4.2:
Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 4, i, c-f

i. The CalOMS-Tx business rules and requirements are:
   c. Electronic submission of CalOMS-Tx data shall be submitted by Contractor within 45 days from the end of the last day of the report month.
   d. 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 and reporting requirements.
   e. 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.
   f. 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 Plan's Open Provider report is not in compliance.

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 deficiencies in access and information requirements were identified:

COMPLIANCE DEFICIENCIES:

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.

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

CD 4.1.2:
Intergovernmental Agreement Exhibit A, Attachment I, III, HH, 1

1. The Contractor shall report complaints to DHCS by secure, encrypted e-mail to MCBHDmonitoring@dhcs.ca.gov within two business days of completion.

Findings: The Plan did not provide evidence demonstrating the reporting of complaints to DHCS by secure, encrypted email to MCBHDMonitoring@dhcs.ca.gov within two business days of completion.

CD 4.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, F, 3, x

x. Have a 24/7 toll free number for prospective beneficiaries to call to access DMC-ODS services and make oral interpretation services available for beneficiaries, as needed.

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 5

5. The QM Program shall conduct performance-monitoring activities throughout the Contractor's operations. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances.

Findings: A minimum of two test calls were conducted for the Plan's 24/7 toll free number posted on the County's website. The responses to the test calls resulted in a barrier to access DMC-ODS services for prospective beneficiaries calling.

The test calls are summarized below:

Test Call 1: The first test call was conducted at approximately 2 pm on May 23, 2022. During the call, the Beacon representative Naomi was unfriendly and seemed very unwilling to provide information to a non-client caller looking for information about program offerings. She had to be prompted to ask about Medi-Cal eligibility, and was not forthcoming with other resources and information. Therefore, this call was determined to be out of compliance.

Test Call 2: The second test call was conducted at approximately 7:40 am on May 24, 2022. During the call, the access line had long wait times (caller had to wait on hold for 15 minutes). However, the Beacon representative Nellie was friendly, helpful, and was able to conduct an initial assessment of the potential client in need. Specifically, Nellie asked caller for details on the potential client, including the nature of his substance abuse and condition, including anxiety, depression, suicidal tendencies, or violence towards self or others. Nellie was proactive about collecting all possible details from the caller, and noted that she would pass the information on to County providers. Although Nellie provided excellent service, the 15 minute wait time posed a barrier to access. Therefore, this call was determined to be out of compliance.

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 deficiency in program integrity was identified:

COMPLIANCE DEFICIENCY:

CD 6.2.2:
Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, h
h. Provision for the Contractor's suspension of payments to a network provider for which the Department determines there is a credible allegation of fraud in accordance with 42 CFR §455.23.

Findings: The Plan did not provide evidence demonstrating a provision for the suspension of payments to a network provider when there is a credible allegation of fraud in accordance with 42 CFR § 455.23.

TECHNICAL ASSISTANCE

Fresno County did not request technical assistance during this review.