



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



GAVIN NEWSOM  
GOVERNOR

May 25, 2021

Sent via e-mail to: [dutecht@fresnocountyca.gov](mailto:dutecht@fresnocountyca.gov)

Dawan Utecht, Director  
1925 E. Dakota Avenue  
Fresno, CA 93726

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Utecht:

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 2020-21 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 7/25/2021. 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](mailto:MCBHDMonitoring@dhcs.ca.gov).

If you have any questions or need assistance, please contact me at [emanuel.hernandez@dhcs.ca.gov](mailto:emanuel.hernandez@dhcs.ca.gov).

Sincerely,

Emanuel Hernandez  
(916) 713-8667  
[emanuel.hernandez@dhcs.ca.gov](mailto:emanuel.hernandez@dhcs.ca.gov)

Audits and Investigations Division  
Medical Review Branch  
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County Compliance Unit  
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Distribution:

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Katherine Anderson, Fresno County Department of Behavioral Health Principal Analyst

## COUNTY REVIEW INFORMATION

**County:**  
Fresno

**County Contact Name/Title:**  
Katherine Anderson/Principal Analyst

**County Address:**  
1925 E. Dakota Avenue, Fresno, CA 93726

**County Phone Number/Email:**  
(559) 600-9193  
[kathyanderson@fresnocountyca.gov](mailto:kathyanderson@fresnocountyca.gov)

**Date of DMC-ODS Implementation:**  
01/01/2019

**Date of Review:**  
2/3/2021

**Lead CCU Analyst:**  
Emanuel Hernandez

**Assisting CCU Analysts:**  
N/A

**Report Prepared by:**  
Emanuel Hernandez

**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. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
  - c. Behavioral Health Information Notices (BHIN)

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### **Entrance Conference:**

An Entrance Conference was conducted via WebEx on 2/3/2021. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, Associate Governmental Program Analyst
- Representing Fresno County:  
Dawan Utecht, Behavioral Health Director  
Katherine Anderson, Principal Analyst  
Youngok Lewis, Staff Analyst  
Sharon Erwin Sr., Staff Analyst  
Kannika Toonnachat, Division Manager, Technology & Quality Management  
Marcelia Black, Division Manager, Managed Care Division  
Stacey Vanbruggen, Division Manager, Adult Services Division  
Dalia Jimenez, Senior Licensed Mental Health Clinician  
Nicholas Delgado, Senior Substance Abuse Specialist  
Francisco Escobedo, Senior Staff Analyst  
Cesar Rodriguez, Senior Staff Analyst  
Analinda Reyes, Administrative Assistant

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the Monitoring Process
- Fresno County Overview of Services

**Exit Conference:**

An Exit Conference was conducted via WebEx on 02/03/2021. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, Associate Governmental Program Analyst
  
- Representing Fresno County:  
Dawan Utecht, Behavioral Health Director  
Katherine Anderson, Principal Analyst  
Youngok Lewis, Staff Analyst  
Sharon Erwin Sr., Staff Analyst  
Kannika Toonnachat, Division Manager, Technology & Quality Management  
Marcelia Black, Division Manager, Managed Care Division  
Stacey Vanbruggen, Division Manager, Adult Services Division  
Dalia Jimenez, Senior Licensed Mental Health Clinician  
Nicholas Delgado, Senior Substance Abuse Specialist  
Francisco Escobedo, Senior Staff Analyst  
Cesar Rodriguez, Senior Staff Analyst  
Analinda Reyes, Administrative Assistant

During the Exit Conference, the following topics were discussed:

- Review of Compliance Deficiencies
- Follow – Up Deadlines

## SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>	<u>Number of CD's</u>
1.0 Availability of DMC-ODS Services	2
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	4
4.0 Access and Information Requirements	0
5.0 Beneficiary Rights and Protections	0
6.0 Program Integrity	0

## **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 2020-21 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 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 1.2.3:**

Intergovernmental Agreement Exhibit A, Attachment I, III, GG, 3, i-ii, a

##### 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.
- ii. The Contractor shall require subcontractors to be trained in the ASAM Criteria prior to providing services.
  - a. The Contractor shall ensure that, at minimum, providers and staff conducting assessments are required to complete the two e-Training modules entitled "ASAM Multidimensional Assessment" and "From Assessment to Service Planning and Level of Care". A third module entitled, "Introduction to The ASAM Criteria" is recommended for all county and provider staff participating in the Waiver. With assistance from the state, counties will facilitate ASAM provider trainings.

**Findings:** The Plan does not ensure SUD program professional staff receive training on DMC-ODS requirements annually. The Plan did not require subcontractors to be trained in the ASAM criteria prior to providing services.

#### **CD 1.3.4:**

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, i, c

- i. The SUD Medical Director's responsibilities shall, at a minimum, include all of the following:
  - c. Develop and implement written medical policies and standards for the provider.

**Findings:** The Plan does not ensure SUD Medical Directors develop and implement written policies and standards for the provider. Specifically:

- For FY 2019-20, the Plan did not provide evidence ensuring Clinica Sierra Medical Director developed a written medical policy and standard.

## 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 3.2.2**

##### 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; and
  - 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.

##### Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 1-2 iv

1. In addition to complying with the subcontractual relationship requirements set forth in Article II.E.8 of this Agreement, the Contractor shall ensure that all subcontracts require that the Contractor oversee and is held accountable for any functions and responsibilities that the Contractor delegates to any subcontractor.
2. Each subcontract shall:
  - iv. Ensure the Contractor monitors the subcontractor’s performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

**Findings:** The following CalOMS-Tx report is non-compliant:

- Open Admissions Report

**CD 3.2.5**

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 does not ensure all subcontractors receive training on DMC-ODS requirements at least annually.

**CD 3.2.7**

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 10

10. The Contractor shall implement mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns. The Contractor shall take appropriate follow-up action when such an occurrence is identified. The results of the intervention shall be evaluated by the Contractor at least annually.

**Findings:** The Plan did not provide evidence of intervention results of quality of care concerns are evaluated at least annually.

**CD 3.3.7**

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 6-9

6. The Contractor shall establish a QI Committee to review the quality of SUD treatment services provided to beneficiaries. The QI Committee shall recommend policy decisions; review and evaluate the results of QI activities, including performance improvement projects; institute needed QI actions; ensure follow-up of QI processes; and document QI Committee meeting minutes regarding decisions and actions taken.
7. The Contractor's QI Committee shall review the following data at a minimum on a quarterly basis since external quality review (EQR) site reviews will begin after county implementation. The External Quality Review Organization (EQRO) shall measure defined data elements to assess the quality of service provided by the Contractor. These data elements shall be incorporated into the EQRO protocol:
  - i. Number of days to first DMC-ODS service at appropriate level of care after referral.
  - ii. Existence of a 24/7 telephone access line with prevalent non-English language(s).
  - iii. Access to DMC-ODS services with translation services in the prevalent non-English language(s).
8. Operation of the QI program shall include substantial involvement by a licensed SUD staff person.
9. The QI Program shall include active participation by the Contractor's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the QI Program.

**Findings:** The Plan's Quality Improvement (QI) program did not provide evidence of active participation by the Plan's practitioners and providers, beneficiaries, and family members in the planning, design, and execution of the QI program.

## **TECHNICAL ASSISTANCE**

No technical assistance was requested by the County.