



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



MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

February 10, 2023

Sent via e-mail to: jhallett@countyofglenn.net

Joe Hallett, Behavioral Health Director
Glenn County Health & Human Services Agency
242 N. Villa Ave.
Willows, CA 95988

SUBJECT: Annual DMC County Compliance Section Findings Report

Dear Director Hallett:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Drug Medi-Cal (DMC) Contract operated by Glenn County.

The County Compliance Section (CCS) 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 protocol, discussion with county staff, and supporting documentation provided by the County.

Enclosed are the results of Glenn County's Fiscal Year (FY) 2022-23 DMC contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Glenn 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 4/11/2023. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via the MOVEit Secure Managed File Transfer System. For instructions on how to submit to the correct MOVEit folder, email MCBHDmonitoring@dhcs.ca.gov.

If you have any questions related to this report, please contact me at katrina.beedy@dhcs.ca.gov.

Sincerely,

Katrina Beedy
(916) 713-8811

Audits and Investigations
Contract and Enrollment Division
Behavioral Health Review Branch
County Compliance Section
1500 Capitol Ave., MS 2305
Sacramento, CA 95814
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Distribution:

To: Director Hallett,

CC: Mateo Hernandez, Audits and Investigations, Contract and Enrollment Review Division Chief
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Ayesha Smith, Audits and Investigations, County Compliance Section Chief
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief
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MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Nancy Alvarez, Compliance and Quality Improvement Coordinator, Glenn County
Eloise Jones, SUD Program Manager, Glenn County

COUNTY REVIEW INFORMATION

County:

Glenn

County Contact Name/Title:

Nancy Alvarez/Compliance and Quality Improvement Coordinator

County Address:

242 N. Villa Ave. Willows CA 95988

County Phone Number/Email:

(530) 865-6459

nalvarez@countyofglenn.net

Date of Review:

1/19/2023

Lead CCS Analyst:

Katrina Beedy

Assisting CCS Analyst:

N/A

Report Prepared by:

Katrina Beedy

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 14000, et seq.; 14100.2, 14021, 14021.51-14021.53, 14021.6, and 14124.20-14124.25, 14184.402, 14059.5: Basic Health Care – Drug Medi-Cal Treatment Program

II. Program Requirements:

- a. Fiscal Year (FY) 2021-22 State-County Contract, herein referred to as State County Contract
- b. Fiscal Year (FY) 2022-23 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 1/19/2023. The following individuals were present:

- Representing DHCS:
Katrina Beedy, County Compliance Monitoring II (CCM II) Analyst
Natalia Krasnodemsky, County/Provider Operations and Monitoring Branch (CPOMB) Analyst
- Representing Glenn County:
Joe Hallett, BH Director, SUD Administrator
Eloise Jones, SUD Program Manager
Alysia Miller, BH Quality Improvement Manager
Nancy Alvarez, Compliance and Quality Improvement Coordinator
Jody Gordon, Administrative Services Analyst II
Makayla 'Mickie' Confer, MH Counselor II
Lauren Kockjohn, Fiscal Analyst II

During the Entrance Conference, the following topics were discussed:

- Introductions
- Glenn County's overview
- Overview of review process
- Overview of services provided

Exit Conference:

An Exit Conference was conducted via WebEx on 1/19/2023. The following individuals were present:

- Representing DHCS:
Katrina Beedy, CCM II Analyst
Natalia Krasnodemsky, CPOMB Analyst
Michael Bivians, CCM II Chief
- Representing Glenn County:
Joe Hallett, BH Director, SUD Administrator
Eloise Jones, SUD Program Manager
Alysia Miller, BH Quality Improvement Manager
Nancy Alvarez, Compliance and Quality Improvement Coordinator
Jody Gordon Administrative, Services Analyst II
Makayla 'Mickie' Confer, MH Counselor II
Lauren Kockjohn, Fiscal Analyst II

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

SUMMARY OF FY 2022-23 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>	<u>Number of CD's</u>
1.0 Administration	0
2.0 Program Integrity	1
3.0 Perinatal Practice Guidelines	1
4.0 Youth Services	0
5.0 Reporting Requirements	0

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 2022-23 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 analyst will monitor progress of the CAP completion.

Category 2: PROGRAM INTEGRITY

A review of the County's program integrity 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 2.3:

DMC Contract, Exhibit A, Attachment I A1, Part II, T, 1-3

T. Discrimination Grievances

1. The Contractor shall designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law.
2. The Contractor shall adopt Discrimination Grievance procedures that ensure the prompt and equitable resolution of discrimination-related complaints. The Contractor shall not require a beneficiary to file a Discrimination Grievance with the Contractor before filing the grievance directly with DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.
3. The Discrimination Grievance Coordinator shall be available to:
 - a) Answer questions and provide appropriate assistance to the Contractor staff and members regarding the Contractor's state and federal nondiscrimination legal obligations.
 - b) Advise the Contractor about nondiscrimination best practices and accommodating persons with disabilities.
 - c) Investigate and process any Americans with Disabilities Act, Section 504 of the Rehabilitation Act, section 1557 of the Affordable Care Act, and/or Gov. Code section 11135 grievances received by the Contractor.

Findings: The County did not provide evidence of compliance demonstrating the requirements involving Discrimination Grievances are met, specifically:

- Notification that beneficiaries may file a Discrimination Grievance with DHCS' Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights before filing with the County.

Category 3: PERINATAL PRACTICE GUIDELINES

A review of the County's Perinatal Practice Guidelines 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 3.3:

DMC Contract, Exhibit A, Attachment I A1, Part II, I

I. Perinatal Practice Guidelines

The Contractor will follow the guidelines in Document 1G, "Perinatal Practice Guidelines," in developing and implementing perinatal treatment and recovery programs funded under this Exhibit, until new Perinatal Practice Guidelines are established and adopted. No formal amendment of this Contract is required for new guidelines to be incorporated into this Contract.

DMC Contract, Exhibit A, Attachment I A1, Part II, Q

Q. Subcontract Provisions

The Contractor shall include the foregoing Part II general provisions in all of its subcontracts.

Findings: The County did not provide evidence demonstrating that all of the foregoing State County Contract Exhibit A, Attachment I, Part II general provisions are included in all executed subcontracts, including the Perinatal Practice Guidelines provision.

TECHNICAL ASSISTANCE

Glenn County did not request technical assistance during this review.