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Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

April 06, 2022

Sent via e-mail to: [letyplancarte@co.imperial.ca.us](mailto:letyplancarte@co.imperial.ca.us)

Leticia Plancarte-Garcia  
Imperial County Behavioral Health Director  
202 North 8<sup>th</sup> Street  
El Centro, CA 92243

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Plancarte-Garcia:

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 Imperial 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 Imperial 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.

Imperial 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 6/6/2022. 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](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

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
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Sacramento, CA 95814  
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Distribution:

To: Director Plancarte-Garcia,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief  
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[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County Provider Operations and Monitoring Branch  
Gabriela Jimenez, Imperial County Behavioral Health Deputy Director  
Sarah Moore, Imperial County Behavioral Health Manager

## COUNTY REVIEW INFORMATION

**County:**  
Imperial

**County Contact Name/Title:**  
Sarah Moore, Imperial County Behavioral Health Manager

**County Address:**  
202 N Eighth St  
El Centro, CA 92243

**County Phone Number/Email:**  
422-265-1560  
[SarahMoore@co.imperial.ca.us](mailto:SarahMoore@co.imperial.ca.us)

**Date of DMC-ODS Implementation:**  
07/01/2018

**Date of Review:**  
02/09/2022

**Lead CCU Analyst:**  
Emanuel Hernandez

**Assisting CCU Analyst:**  
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. 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 2/9/2022. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)  
Ana Lopez, Associate Governmental Program Analyst (AGPA)
- Representing Imperial County:  
Jessica Perea, Imperial County Behavioral Health Administrative Analyst  
Gabriela Izaguirre, Imperial County Behavioral Health Administrative Analyst  
Ana Contreras, Imperial County Behavioral Health Manager  
Victoria Mansfield, Imperial County Behavioral Health Manager  
Sara Moore, Imperial County Behavioral Health Manager  
Ryan Taylor, Imperial County Behavioral Health Administrative Analyst  
Jonathan Garcia, Imperial County Behavioral Health Administrative Analyst  
Nancy Del Real, Imperial County Behavioral Health Deputy Director  
Adolfo Estrada, Imperial County Behavioral Health Manager

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process
- Imperial county overview of services

### **Exit Conference:**

An Exit Conference was conducted via WebEx on 2/9/2022. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, AGPA  
Ana Lopez, AGPA
- Representing Imperial County:  
Jessica Perea, Imperial County Behavioral Health Administrative Analyst  
Gabriela Izaguirre, Imperial County Behavioral Health Administrative Analyst  
Ana Contreras, Imperial County Behavioral Health Manager  
Victoria Mansfield, Imperial County Behavioral Health Manager  
Sara Moore, Imperial County Behavioral Health Manager  
Ryan Taylor, Imperial County Behavioral Health Administrative Analyst  
Jonathan Garcia, Imperial County Behavioral Health Administrative Analyst  
Nancy Del Real, Imperial County Behavioral Health Deputy Director  
Adolfo Estrada, Imperial County Behavioral Health Manager

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	4
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	1
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 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 1.4.2:**

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 Imperial 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 Imperial County during FY 2020-21.

#### **CD 1.4.7:**

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

#### 3. Training to DMC Subcontractors

- i. 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 did not provide evidence demonstrating all subcontractor staff conducting assessments complete two ASAM Criteria e-Training modules prior to providing services.

#### **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 the subcontractor's physicians received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education submitted for calendar year 2019 and 2020 for the Tarzana physician were not provided.



**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 Imperial County's professional staff (LPHAs) received the annual five (5) hours of continuing education units in addiction medicine.

Specifically:

- The Plan submitted continuing education units for two (2) of three (3) County LPHA staff for calendar years 2019 and 2020.
- No continuing education units were submitted for calendar years 2019 and 2020 for Sergio Lopez. The plan advises that Lopez begin working in January of 2021. The plan did not submit an alternate submission in his place.

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

- The Plan submitted continuing education units for three (3) of three (3) subcontractor LPHA staff for calendar year 2019.
- The continuing education units submitted for calendar year 2019 for Doreen McCandless totaled only four (4) hours.

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

- The Plan submitted no continuing education units for subcontractor LPHA staff for calendar years 2019 and 2020. The Plan advises that the contract for Volunteers of America (VOA) started on July 1, 2020. They did not provide an alternate subcontractor submission in its place to provide evidence of compliance.

## 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 deficiency in quality assurance and performance improvement was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 3.2.3:**

##### Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, i-ii

- i. The SUD 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 non-physician personnel.
  - c. Develop and implement written 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 and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, and determine the medical necessity of treatment for beneficiaries.
  - g. Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.
- ii. The SUD Medical Director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.

##### 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 written roles and responsibilities for Clare Matrix Medical Director Dr. Quach includes all required elements. The following required elements are missing, specifically:

- Signed and dated by the physician;
- Signed and dated by a provider representative;
- Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care;
- Ensure that physicians do not delegate their duties to non-physician personnel;
- Develop and implement medical policies and standards for the provider;
- Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards;
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations; and

- Ensure that provider's physicians are adequately trained to perform other physician duties.

## **TECHNICAL ASSISTANCE**

No technical assistance was requested by the County.