



WILL LIGHTBOURNE  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

August 20, 2020

Sent via e-mail to: [dennis.koch@maderacounty.com](mailto:dennis.koch@maderacounty.com)

Dennis Koch, MPA, Director  
Madera County Medical Health  
209 E. 7<sup>th</sup> St.  
Madera, CA 93638

SUBJECT: Annual County Compliance Unit Report

Dear Director Koch:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the State Plan Drug Medi-Cal (DMC) Contract operated by Madera 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 Madera County's State Fiscal Year 2019-20 State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Madera 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 Monitoring Unit (CMU) Analyst by 9/21/2020. Please use enclosed CAP plan form when completing the CAP. CAP and supporting documentation to be e-mailed to the CMU analyst at [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov).

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

Emanuel Hernandez  
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[emanuel.hernandez@dhcs.ca.gov](mailto:emanuel.hernandez@dhcs.ca.gov)

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
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To: Director Koch:

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[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County and Provider Monitoring Unit  
Annette Presley, LCSW, Madera County Behavioral Health Services Division Manager

<b>Lead CCU Analyst:</b> Emanuel Hernandez	<b>Date of Review:</b> June 2020
<b>Assisting CCU Analyst(s):</b> Kimberly Brady	
<b>County:</b> Madera County	<b>County Address:</b> 209 E. 7 <sup>th</sup> St., Madera, CA 93638
<b>County Contact Name/Title:</b> Annette Presley LCSW, Madera County Behavioral Health Services Division Manager	<b>County Phone Number/Email:</b> 559-673-3508 Ext. 1225 Annette.presley@maderacounty.com
<b>Report Prepared by:</b> Emanuel Hernandez	<b>Report Approved by:</b> Mayumi Hata

## REVIEW SCOPE

- I. Regulations:
  - a. California Code of Regulations, Title 22, section 51341.1 – Drug Medi-Cal Substance Use Disorder Services
  - b. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
  - c. 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
  - d. Code of Federal Regulations, Title 42 Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care
  
- II. Program Requirements:
  - a. State Fiscal Year (SFY) 2019-20 State County Contract, herein referred to as State County Contract
  - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
  - c. State Fiscal Year (SFY) 2019-20 Intergovernmental Agreement (IA)

**SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD)**

<b>Section:</b>	<b>Number of CD's:</b>
<b>1.0 Administration</b>	<b>1</b>
<b>2.0 Beneficiary Services</b>	<b>0</b>
<b>3.0 Service Provisions</b>	<b>0</b>
<b>4.0 Access</b>	<b>0</b>
<b>5.0 Monitoring</b>	<b>1</b>
<b>6.0 Program Integrity</b>	<b>1</b>
<b>7.0 Compliance</b>	<b>0</b>

## CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 3, 7, (a-d) each compliance deficiency (CD) identified must be addressed via a Corrective Action Plan (CAP). The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory recommendations are not required to be addressed in the CAP.

Please provide the following within the completed SFY 2019- 20 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) Who will be responsible for correction and ongoing compliance.

The CMU analyst will monitor progress of the CAP completion.

## 1.0 ADMINISTRATION

The following DMC deficiency in regulations, standards, or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 1.3:**

Exhibit A, Attachment I, Part I, Section 4, A, 2, g

g) Contractor shall assure that subcontractor sites keep a record of the clients/patients being treated at each location. Contractor shall retain client records for a minimum of ten years after the completion of the final settlement process.

Exhibit A, Attachment I A2, Part I, Section 4, B, 5, a

Contractor shall include instructions on record retention in any subcontract with providers and mandate 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.

W&I Code, Section 14124.1

... 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.

**Finding:** The County did not provide evidence 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.

## 5.0 MONITORING

The following DMC deficiency in regulations, standards, or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 5.11:**

Exhibit A, Attachment I, Part I, Section 4, B, 1, b

- b) Contractor shall conduct, at least annually, an audit of DMC providers to assure covered services are being appropriately rendered. The annual audit must include an on-site visit of the service provider. Reports of the annual review shall be provided to DHCS's Performance Management Branch at:

Department of Health Care Services

SUD - Program, Policy and Fiscal Division  
Performance & Integrity Branch  
PO Box 997413, MS-2627  
Sacramento, CA 95899-7413

Or by secure, encrypted email to: [SUDCountyReports@dhcs.ca.gov](mailto:SUDCountyReports@dhcs.ca.gov)

**Finding:** The County did monitor six (6) of seven (7) of their service area providers. The County did not monitor one (1) of their service area providers. The County did submit zero (0) of six (6) DMC programmatic and fiscal monitoring reports secure and encrypted.



## 6.0 PROGRAM INTEGRITY

The following DMC deficiency in regulations, standards, or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 6.18:**

##### Document 2F(a), A, 5

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC. If conflict between regulations and standards occurs, the most restrictive shall apply.

##### A. Personnel Policies

5. Written roles and responsibilities and a code of conduct for the medical director shall be clearly documented, signed and dated by a program representative and physician.

##### Document 2F(a), A, 3

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC. If conflict between regulations and standards occurs, the most restrictive shall apply.

##### A. Personnel Policies

3. Written 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 beneficiary's 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 beneficiary's or staff;
  - g) Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff;
  - h) Protection beneficiary confidentiality;
  - i) The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under; and
  - j) Cooperate with complaint investigations.

**Finding:** The submitted code of conduct for Madera County Behavioral Health Services Director, Dr. Herbert Cruz, did not include the following requirements:

- Use of drugs and/or alcohol;
- Prohibition of social/business relationship with beneficiary's or their family members for personal gain;
- Prohibition of sexual contact with beneficiaries;

- Conflict of interest;
- Providing services beyond scope;
- Discrimination against beneficiary's or staff;
- Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff;
- Protection beneficiary confidentiality;
- The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under; and
- Cooperate with complaint investigations.

**TECHNICAL ASSISTANCE**

Madera County Behavioral Health did not request Technical Assistance.