



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



GAVIN NEWSOM
GOVERNOR

June 8, 2021

Sent via e-mail to: jafrica@marincounty.org

Jeï Africa, Director
Marin County Department of Health and Human Services
10 North San Pedro Road
San Rafael, CA 94903

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Africa:

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 Marin 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 Marin County's State Fiscal Year 2020/2021 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Marin 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 August 9, 2021. 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 or need assistance, please contact me at becky.counter@dhcs.ca.gov.

Sincerely,

Becky Counter
(916) 713-8567
becky.counter@dhcs.ca.gov

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 Africa,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
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MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Catherine Condon, Marin County BHRS Division Director

COUNTY REVIEW INFORMATION

County:

Marin

County Contact Name/Title:

Catherine Condon / BHRS Division Director

County Address:

10 North San Pedro Road
San Rafael, CA 94903

County Phone Number/Email:

(415) 473 - 4218
CCondon@marincounty.org

Date of DMC-ODS Implementation:

4/1/2017

Date of Review:

4/21/2021

Lead CCU Analyst:

Becky Counter

Assisting CCU Analyst:

Susan Volmer

Report Prepared by:

Susan Volmer

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 at Via WebEx on 4/21/2021. The following individuals were present:

- Representing DHCS:
Becky Counter, Associate Governmental Program Analyst (AGPA)
Susan Volmer, AGPA
Hernando Hernandez, AGPA

- Representing Marin County:
Jei Africa, BHRS Director
Catherine Condon, BHRS Division Director- SUS
Jordan Hall, Program Manager
Leigh Steffy, Department Analyst II
Susanne Mitchell, Department Analyst II
Cody Miller, Senior Program Coordinator
Roxy Yekta, Senior Program Coordinator
Cynthia Nisbet, Administrative Services Technician
Steve Jones, BHRS Division Director-QM
Rosanna Lallana, Compliance/Privacy Officer
Kathlyn Motley, Senior Department Analyst

During the Entrance Conference the following topics were discussed:

- Introductions
- Overview of the monitoring process

Exit Conference:

An Exit Conference was conducted via WebEx on 4/21/2021. The following individuals were present:

- Representing DHCS:
Becky Counter, AGPA
Susan Volmer, AGPA
Hernando Hernandez, AGPA

- Representing Marin County:
Jei Africa, BHRS Director
Catherine Condon, BHRS Division Director- SUS
Leigh Steffy, Department Analyst II
Cynthia Nisbet, Administrative Services Technician

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	1
4.0 Access and Information Requirements	0
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 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 1.3.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iv-v

- iv. Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.
- v. Professional staff (LPHAs) shall receive a minimum of five (5) hours of continuing education related to addiction medicine each year.

Findings: For FY 2019-20, the Plan did not provide evidence that the Medical Director from Bay Area Community Resources (BACR), Dr. Chan, received a minimum (5) hours of continuing medical education related to addiction medicine.

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 the Plan's Medical Director developed a written medical policy and standard.
- For FY 2019-20, the Plan did not provide evidence the Plan's Medical Director implemented a written medical policy and standard.
- For FY 2019-20, the Plan did not provide evidence ensuring that Center Point, Helen Vine Recovery Center, and Marin Treatment Center Medical Directors developed written medical policies or standards.
- For FY 2019-20, the Plan did not provide evidence ensuring the Center Point, Helen Vine Recovery Center, and Marin Treatment Center Medical Directors implemented written medical policies and standards.

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 3.2.1

Intergovernmental Agreement Exhibit A, Attachment I, III, OO, 1, i, d

1. Monitoring

- i. The Contractor's performance under this Exhibit A, Attachment I, shall be monitored by DHCS annually during the term of this Agreement. Monitoring criteria shall include, but not be limited to:
 - d. Contractor shall conduct annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of their monitoring and audit reports to DHCS within two weeks of issuance. Reports should be sent by secure, encrypted e-mail to:

SUDCountyReports@dhcs.ca.gov

Alternatively, mail to:

Department of Health Care Services
Medi-Cal Behavioral Health Division
1500 Capitol Avenue, MS-2623
Sacramento, CA 95814

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 Plan did not monitor all County and subcontracted providers for compliance with DMC-ODS programmatic and fiscal requirements. Specifically:

- For FY 2019-20, the Plan monitored 10 of 10 Plan and subcontracted providers for DMC-ODS programmatic and fiscal requirements, and submitted audit reports of these monitoring reviews to DHCS.
- The Plan submitted nine (9) of 10 DMC-ODS audit reports to DHCS within two weeks of report issuance.

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 6.1.2

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, a, ii

- a. A compliance program that includes, at a minimum, all of the following elements:
 - ii. The designation of a Compliance Officer who is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of this Agreement and who reports directly to the Chief Executive Officer and the board of directors.

Findings: The Plan did not provide evidence demonstrating the Plans Compliance Officer's reporting structure.

TECHNICAL ASSISTANCE

Marin County did not request Technical Assistance for FY 2020/21.