



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



GAVIN NEWSOM
GOVERNOR

September 14, 2020

Sent via e-mail to: millerje@mendocinocounty.org

Jenine Miller, Behavioral Health Director
Mendocino County Behavioral Health and Recovery Services Substance Use Disorders
Treatment
1120 South Dora Street
Ukiah, CA 95482

SUBJECT: Annual County Compliance Unit Report

Dear Director Miller,

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 Mendocino 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 Mendocino 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.

Mendocino 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 10/14/2020. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CMU analyst at MCBHDMonitoring@dhcs.ca.gov.

If you have any questions, please contact me at Kimberly.Brady@dhcs.ca.gov.

Sincerely,

Kimberly Brady
(916) 713-8591
kimberly.brady@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 Miller,

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Rendy Smith, CATC, Substance Abuse Programs and Services Manager, Mendocino County
Behavioral Health and Recovery Services

Lead CCU Analyst: Kimberly Brady	Date of Review: July 2020
Assisting CCU Analyst: Becky Counter	
County: Mendocino	County Address: 1120 South Dora Street Ukiah, CA 95482
County Contact Name/Title: Barbie Svendsen/Substance Use Disorders Treatment Program Administrator	County Phone Number/Email: 707-472-2316 svendsenb@mendocinocounty.org
Report Prepared by: Kimberly Brady	Report Approved by: Lanette Castleman

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)

Section:	Number of CD's:
1.0 Administration	2
2.0 Beneficiary Services	0
3.0 Service Provisions	0
4.0 Access	0
5.0 Monitoring	1
6.0 Program Integrity	2
7.0 Compliance	0

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 deficiencies in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 1.1:

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

B. It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

22 CCR § 51341.1 (b) (28) (A) (iii)

iii. ... A substance use disorder medical director shall receive a minimum of five (5) hours of continuing medical education in addiction medicine each year...

Findings: The County did not provide the medical director's annual continuing medical education units in addiction medicine.

- The County did not provide evidence that the Continuing Medical Education certificate for Mendocino County's Medical Director Dr. Steven Wirth covered addiction medicine.

CD 1.2:

Exhibit A, Attachment I, Part I, Section 4, A, 3, a

a.) Contractor shall ensure subcontractors complete training on the requirements of Title 22 regulations and DMC program requirements at least annually from either DHCS' SUD Program, Policy and Fiscal Division (SUD PPF) or the Contractor. Contractor shall provide documentation of attendance at the annual training to DHCS' e-mail address SUDCOUNTYREPORTS@dhcs.ca.gov annually as part of the DHCS Contractor monitoring process.

Findings: The County did not provide evidence of County staff and subcontractors receiving Title 22 training at least annually.

5.0 MONITORING

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

COMPLIANCE DEFICIENCY:

CD 5.10:

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

Findings: The County did not provide evidence it conducts an audit of all DMC providers at least annually to assure services are being appropriately rendered.

- The County monitored four (4) of five (5) DMC providers and submitted audits reports of these annual reviews to DHCS.
- The County submitted four (4) of four (4) DMC annual audit reports secure and encrypted to DHCS.

The following DMC deficiencies in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

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.

Findings: The Code of Conduct for Medical Director Dr. Steven Wirth at Mendocino County BHRS did not include the following requirement:

- Shall be clearly signed and dated by a provider representative and the physician.

Findings: The Code of Conduct for Medical Director Dr. Jerry Douglas with Redwood Community Services Arbor did not include the following requirements:

- Conflict of interest.
- Providing services beyond scope.
- Discrimination against beneficiaries or staff.

- Cooperating with compliant investigations.
- Shall be clearly documented, signed and dated by a provider representative and the physician.

Findings: The Code of Conduct for Medical Director Dr. Kimberly Fordham with Redwood Community Services Tulle House did not include the following requirements:

- Conflict of interest.
- Providing services beyond scope.
- Discrimination against beneficiaries or staff.
- Cooperating with compliant investigations.
- Shall be clearly documented, signed and dated by a provider representative and the physician.

CD 6.19:

Exhibit A, Attachment I, Part III, C, 3 - 6

The CalOMS-Tx business rules and requirements are:

3. 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.

4. 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.
5. 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.
6. 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.

Findings: The following CalOMS-Tx reports are non-compliant:

- Open Admissions Report.
- Open Providers Report.

TECHNICAL ASSISTANCE

DHCS's County Compliance Unit Analyst will make referrals for the training and technical assistance identified below.

Administration & Documentation: The County requested TA for administrative functions and required documentation. DHCS's County Monitoring Analyst has been contacted and a referral has been made.

Quality Improvement: The County requested TA for Quality Improvement and Program Integrity efforts. DHCS's County Monitoring Analyst has been contacted and a referral has been made.

CalOMS-Tx: The County requested TA for CalOMS-Tx. DHCS's County Monitoring Analyst has been contacted and a referral has been made.