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Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

December 8, 2021

Sent via e-mail to: Eckert, Kathryn EckertK@co.monterey.ca.us

Kathryn Eckert Director
Monterey Behavioral Health Services
1270 Natividad Road
Salinas, CA 93906

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Eckert:

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 Monterey 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 Monterey County's State Fiscal Year 2020-21 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Monterey 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 2/08/2022. 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 emanuel.hernandez@dhcs.ca.gov.

Sincerely,

Emanuel Hernandez
Emanuel Hernandez
(916) 713-8667

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
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Distribution:

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MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Andy Heald, Monterey County Behavioral Health Services Manager II

COUNTY REVIEW INFORMATION

County:

Monterey

County Contact Name/Title:

Andy Heald/Behavioral Health Services Manager II

County Address:

1270 Natividad Road
Salinas, CA 93906
Healdab@co.monterey.ca.us

County Phone Number/Email:

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Date of DMC-ODS Implementation:

07/01/2018

Date of Review:

8/6/2021

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. 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 via WebEX on 8/6/2021. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
Jaime Saunders, Staff Services Manager I (SSM I)
- Representing Monterey County:
Andrew Heald, Monterey County Behavioral Health Services Manager II
Lindsey O’Leary, Monterey County Quality Improvement Program Manager
Thi Nu Quynh Velasquez, Monterey County Behavioral Health Unit Supervisor
Janet Barajas, Monterey County Behavioral Health Unit Supervisor

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the Monitoring Process
- Monterey County Overview of Services

Exit Conference:

An Exit Conference was conducted via WebEx on 8/6/2021. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, AGPA
Jaime Saunders, SSM I
- Representing Monterey County:
Andrew Heald, Monterey County Behavioral Health Services Manager II
Lindsey O’Leary, Monterey County Quality Improvement Program Manager
Thi Nu Quynh Velasquez, Monterey County Behavioral Health Unit Supervisor
Janet Barajas, Monterey County Behavioral Health Unit Supervisor

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	3
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 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 1.1.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, C, 2

2. The Contractor shall deliver the DMC-ODS Covered Services within a continuum of care as defined in the ASAM criteria.

Intergovernmental Agreement Exhibit A, Attachment I, III, C, 3, i-ix

3. Mandatory DMC-ODS Covered Services include:
 - i. Withdrawal Management (minimum one level);
 - ii. Intensive Outpatient;
 - iii. Outpatient;
 - iv. Opioid (Narcotic) Treatment Programs;
 - v. Recovery Services;
 - vi. Case Management;
 - vii. Physician Consultation;
 - viii. Perinatal Residential Substance Abuse Services (excluding room and board);
 - ix. Non-perinatal Residential Substance Abuse Services (excluding room and board);

Intergovernmental Agreement Exhibit A, Attachment I, III, H, 1, v

1. The Contractor shall implement residential treatment program standards that comply with the authorization of services requirements set forth in Article II.E.4. and shall:
 - v. Ensure that at least one ASAM level of Residential Treatment Services is available to beneficiaries in the first year of implementation;

Findings: The Plan did not provide related policies and procedures and fully executed provider subcontracts for FY 2020-21 to satisfy this requirement.

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: The Plan does not ensure all physicians and professional staff receive a minimum of five (5) hours of continuing education related to addiction medicine annually. Specifically:

- For FY 2019-20, the Plan's physician did not receive the required minimum five (5) hours of continuing medical education related to addiction medicine.

- For FY 2019-20, the Plan did not ensure subcontractor physicians receive a minimum (5) hours of continuing medical education related to addiction medicine.
- For FY 2019-20, the Plan did not ensure professional staff (LPHAs) receive a minimum (5) hours of continuing education related to addiction medicine.

CD 1.3.5:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, iii, a-i

- iii. Written provider 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 beneficiaries 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 beneficiaries or staff
 - g. Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff
 - h. Protection of beneficiary confidentiality
 - i. Cooperate with complaint investigations

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 Code of Conduct provided for Medical Director Edgar Castellanos is missing the following elements:

- Prohibition of social/business relationship with beneficiaries or their family members for personal gain.
- Providing services beyond scope.

The Code of Conduct provided for CHS Medical Director Castellanos is missing the following elements:

- Use of drugs and/or alcohol.
- Providing services beyond scope.

The Code of Conduct provided for Valley Health Associates (VHA) Medical Director Castellanos is missing the following elements:

- Use of drugs and/or alcohol.
- Providing services beyond scope.

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 3.3.8

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 6

6. The Contractor shall establish a QI Committee to review the quality of SUD treatment services provided to beneficiaries. The QI Committee shall recommend policy decisions; review and evaluate the results of QI activities, including performance improvement projects; institute needed QI actions; ensure follow-up of QI processes; and document QI Committee meeting minutes regarding decisions and actions taken.

Findings: The Plan did not demonstrate a Quality Improvement (QI) committee has been established to review the quality of Substance Use Disorder (SUD) treatment services provided to beneficiaries including the following elements:

- Recommended Policy Decisions.
- Review and evaluate the result of QI activities.
- Review and evaluate the results of performance improvement projects.
- Institute needed QI actions.
- Ensure follow-up of QI processes.
- Document QI committee meeting minutes regarding actions being taken.

TECHNICAL ASSISTANCE

No technical assistance was requested by the County.