



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



GAVIN NEWSOM
GOVERNOR

September 14, 2021

Sent via e-mail to: Jennifer.Yasumoto@countyofnapa.org

Jennifer Yasumoto, Director
Napa County Health and Human Services Agency (HNSA)
2751 Napa Valley Corporate Drive, Building A
Napa, CA 94558

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Jennifer Yasumoto:

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 Napa 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 Napa 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.

Napa 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 11/15/2021. 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 emanuel.hernandez@dhcs.ca.gov.

Sincerely,

Emanuel Hernandez
Emanuel Hernandez

(916) 713-8667

emanuel.hernandez@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
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Distribution:

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MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Lindsay Stark, Napa County Deputy Director of Health and Human Services Agency (HHS)

COUNTY REVIEW INFORMATION

County:

Napa

County Contact Name/Title:

Lindsay Stark Deputy Director (HSA) - Alcohol and Drug Administrator

County Address:

2751 Napa Valley Corporate Drive, Building A
Napa, CA 94558

County Phone Number/Email:

707-253-4073

lindsay.stark@countyofnapa.org

Date of DMC-ODS Implementation:

12/15/2017

Date of Review:

04/16/2021

Lead CCU Analyst:

Emanuel Hernandez

Assisting CCU Analyst(s):

Katrina Beedy

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 04/15/2021. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
Katrina Beedy, AGPA
- Representing Napa County:
Jennifer Yasumoto, Director (HHSA)
Lindsay Stark, Deputy Director (HHSA) – Alcohol and Drug Administrator
Teresa Salvatore, Assistant Deputy Director (HHSA)
Karen McElroy, Staff Services Analyst II
Latoya Akil, Compliance and Privacy Officer

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process
- Napa County overview of services

Exit Conference:

An Exit Conference was conducted via WebEx on 04/15/2021. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, AGPA
Katrina Beedy, AGPA
- Representing Napa County:
Jennifer Yasumoto, Director Health and Human Services Agency (HHSA)
Lindsay Stark, Deputy Director Health and Human Services Agency (HHSA) – Alcohol and Drug Administrator
Teresa Salvatore, Assistant Deputy Director Health and Human Services Agency (HHSA)
Karen McElroy, Staff Services Analyst II
Latoya Akil, Compliance and Privacy Officer

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	1
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	2
4.0 Access and Information Requirements	1
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 deficiency in availability of DMC-ODS services was identified:

COMPLIANCE DEFICIENCY:

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 developed and implemented written policies and standards for the provider. Specifically:

- For FY 2019-20, the Plan did not provide evidence the Plan's Medical Director developed and implemented a written medical policy and standard.
- For FY 2019-20, the Plan only provided evidence that one of three subcontracted Medical Directors developed and implemented a written medical policy and standard.

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 deficiencies in quality assurance and performance improvement were identified:

COMPLIANCE DEFICIENCIES:

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 provide a copy of the Plan's monitoring tools. 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 two (2) of six (6) Plan and sub-contracted providers for DMC-ODS programmatic and fiscal requirements, and submitted audit reports of these monitoring reviews to DHCS.

- The Plan submitted one (1) of two (2) DMC-ODS audit reports to DHCS within two weeks of report issuance.

CD 3.2.2

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 4, i, c-f

- i. The CalOMS-Tx business rules and requirements are:
 - c. 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;
 - d. 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 and reporting requirements;
 - e. 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; and
 - f. 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.

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 following CalOMS-Tx report(s) are non-compliant:

- Open Admissions Report
- Open Providers Report

Category 4: ACCESS AND INFORMATION REQUIREMENTS

A review of the access and information requirements for the access line, language and format requirements and general information was conducted to ensure compliance with applicable regulations and standards. The following deficiency in access and information requirements was identified:

COMPLIANCE DEFICIENCY:

CD 4.1.1

Intergovernmental Agreement Exhibit A, Attachment I, III, JJ, 1

JJ. Subcontract Termination

1. The Contractor shall notify the Department of the termination of any subcontract with a certified provider, and the basis for termination of the subcontract, within two (2) business days. The Contractor shall submit the notification by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov.

Findings: The Plan does not notify DHCS via a secure, encrypted email to SUDCountyReports@dhcs.ca.gov regarding the basis for termination of any subcontract with a certified provider.

TECHNICAL ASSISTANCE

No technical assistance was requested by the County.