



WILL LIGHTBOURNE
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

August 27, 2021

Sent via e-mail to: phebe.bell@co.nevada.ca.us

Phebe Bell, Director
Nevada County Behavioral Health
500 Crown Point Circle, Suite 102
Grass Valley, CA 95945

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Bell:

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 Nevada 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 Nevada 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.

Nevada 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 10/27/21. 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, please contact me at susan.volmer@dhcs.ca.gov.

Sincerely,

Susan Volmer

Susan Volmer
(916) 713-8677

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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MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Suzanne McMaster, Nevada County AOD Program Manager
Jamie Maxwell, Nevada County Quality Assurance Manager

COUNTY REVIEW INFORMATION

County:

Nevada

County Contact Name/Title:

Jamie Maxwell, Quality Assurance Manager

County Address:

500 Crown Point Circle, Suite 120
Grass Valley, CA 94954

County Phone Number/Email:

530-470-2418

Jamie.Maxwell@co.nevada.ca.us

Date of DMC-ODS Implementation:

July 1, 2018

Date of Review:

7/29/2021

Lead CCU Analyst:

Susan Volmer

Assisting CCU Analyst:

N/A

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 via WebEx on 7/29/2021. The following individuals were present:

- Representing DHCS:
Susan Volmer, Associate Government Program Analyst (AGPA)
- Representing Nevada County:
Phebe Bell, Director
Suzanne McMaster, AOD Program Manager
Jamie Maxwell, Quality Assurance Manager

During the Entrance Conference, the following topics were discussed:

- Introductions
- Nevada County overview of services
- Overview of monitoring process

Exit Conference:

An Exit Conference was conducted via WebEx on 7/29/2021. The following individuals were present:

- Representing DHCS:
Susan Volmer, AGPA
- Representing Nevada County:
Phebe Bell, Director
Suzanne McMaster, AOD Program Manager
Jamie Maxwell, Quality Assurance Manager

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>	<u>Number of CD's</u>
1.0 Availability of DMC-ODS Services	4
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	2
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 1.3.2:

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 the Plan's Medical Director have the required five (5) hours of continuing medical education (CME) in addiction medicine for FY 2019-20.

The Plan did not provide evidence from three (3) DMC-ODS subcontractors demonstrating the Medical Directors have the required CMEs in addiction medicine during FY 2019-20.

The Plan did not provide evidence of CEU's for two LPHAs from a Plan DMC-ODS subcontractor, demonstrating the LPHAs completed the required CEUs in addiction medicine for FY 2019-20.

CD 1.3.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, i-ii

- i. The SUD Medical Director's responsibilities shall, at a minimum, include all of the following:
 - a. Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
 - b. Ensure that physicians do not delegate their duties to non-physician personnel.
 - c. Develop and implement written medical policies and standards for the provider.
 - d. Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.
 - e. Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
 - f. Ensure that provider's physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, and determine the medical necessity of treatment for beneficiaries.
 - g. Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.
- ii. The SUD Medical Director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.

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 written roles and responsibilities provided for Dr. Jackson, Medical Director of Common Goals is missing the following criteria:

- Written roles and responsibilities was not signed and dated by a provider representative and the physician.

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, no evidence was provided that the Plan's Medical Director, Dr. Eubanks, implemented a written medical policy and standard.
- For FY 2019-20, the Plan did not provide evidence ensuring Common Goals, Granite Wellness and Aegis Medical Directors developed a written medical policy and standard.
- For FY 2019-20, the Plan did not provide evidence ensuring Common Goals, Granite Wellness and Aegis Medical Directors implemented a written medical policy and standard.

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 Dr. Eubanks, the Plan's Medical Director is missing the following elements, specifically:

- Signed and dated by a provider representative

The Code of Conduct provided for Dr. Jackson, Medical Director of Common Goals is missing the following elements, specifically:

- Signed and dated by a provider representative

The Code of Conduct provided for Pathways Medical Director is missing the following elements, specifically:

- Discrimination against beneficiaries or staff
- Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff
- Cooperate with complaint investigations
- Signed and dated by a provider representative

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 3.1.4

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 9

9. The Contractor shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs. Monitoring shall occur at least annually.

Findings: The Plan's mechanism to monitor the safety and effectiveness of medication practices does not include the following requirements:

- Monitoring shall be under the supervision of a person licensed to prescribe or dispense prescription drugs.

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 **Error! Reference source not found.** 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 one (1) of eight (8) Plan and subcontracted providers for DMC-ODS programmatic and/or fiscal requirements.
- The one (1) audit report was not submitted to DHCS within two weeks of issuance.

TECHNICAL ASSISTANCE

Nevada County did not request Technical Assistance during this review.