



RICHARD FIGUEROA
ACTING DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

February 3, 2020

Sent via e-mail to: arellis@placer.ca.gov

Amy Ellis, Director
Placer County Health and Human Services
11512 B Avenue
Auburn, CA 95603-2703

SUBJECT: Annual County Compliance Report

Dear Director Ellis:

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 Placer 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 Placer County's State Fiscal Year 2019-20 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Placer 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 Monitoring Unit (CMU) Analyst by 3/3/2020. Please use enclosed CAP plan form when completing the CAP. CAP and supporting documentation to be e-mailed to the CMU analyst at MCBHDMonitoring@dhcs.ca.gov.

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

Michael Bivians
(916) 713-8966
michael.bivians@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 Ellis,

CC: Kelly Molohan, Audit and Investigation, Medical Review Branch Chief
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Janet Rudnick, Audit and Investigation, Provider Compliance Unit Chief
MCBHDMonitoring@dhcs.ca.gov, County and Provider Monitoring
Chris Pawlak, Placer County Quality Management Program Manager
Julia Soto, Placer County Quality Assurance Substance Use Services Supervisor

Lead CCU Analyst: Michael Bivians	Date of Review: 12/16/2019 - 12/17/2019
Assisting CCU Analyst(s): Mayumi Hata Joel Case	Date of DMC-ODS Implementation: 11/1/2018
County: Placer	County Address: 11512 B Avenue Auburn, CA 95603-2703
County Contact Name/Title: Chris Pawlak, Placer County QM Program Manager	County Phone Number/Email: 530-886-2925 cpawlak@placer.ca.gov
Report Prepared by: Michael Bivians	Report Approved by: Mayumi Hata

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. State Fiscal Year (SFY) 2019-20 Intergovernmental Agreement (IA)
 - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 101 Cirby Hills Drive, Roseville, CA 95678 on 12/16/2019.

The following individuals were present:

- Representing DHCS:
Michael Bivians, Associate Governmental Program Analyst (AGPA)
Mayumi Hata, Staff Services Manager II (SSMII)
Joel Case, Associate Governmental Program Analyst (AGPA)

- Representing Placer County:
Amy Ellis, Adult System of Care (ASOC) Director
Twylla Abraham, Children's System of Care (CSOC) Director
Marie Osborne, Adult System of Care (ASOC) Assistant Director
Chris Pawlak, System of Care (SOC) Quality Management (QM) Program Manager
Julia Soto, Quality Assurance (QA) Substance Use Services (SUS) Supervisor
Paula Nannizzi, Client Services Substance Use Disorders (SUDS) Supervisor
Susan Stephens, System of Care (SOC) Quality Management (QM) Analyst
Nicole Ebrahimi-Nuyken, Adult System of Care (ASOC) Substance Use (SUDS) & Mental Health (MH) Services Program Manager
Deborah Curtis, HIPAA Security Officer/Information Security Officer (ISO)
Nancy Baggett, HIPAA Privacy Officer

During the Entrance Conference the following topics were discussed:

- Introductions
- DHCS Re-Organization
- CalAIM Proposal
- Overview of the Monitoring Process
- Placer County Overview of Services

Exit Conference:

An exit conference was conducted at 101 Cirby Hills Drive, Roseville, CA 95678 on 12/17/2019. The following individuals were present:

- Representing DHCS:
Michael Bivians, AGPA
Mayumi Hata, SSMII

- Representing Placer County:
Amy Ellis, ASOC Director
Twylla Abraham, CSOC Director
Marie Osborne, ASOC Assistant Director
Chris Pawlak, SOC QM Program Manager
Julia Soto, QA SUS Supervisor
Paula Nannizzi, Client Services SUDS Supervisor
Susan Stephens, SOC QM Analyst
Nicole Ebrahimi-Nuyken, ASOC SUDS & MH Services Program Manager

During the Exit Conference the following topics were discussed:

- Review of Compliance Deficiencies
- Follow-Up Deadlines

SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	1
2.0 Member Services	0
3.0 Service Provisions	0
4.0 Access	0
5.0 Coordination of Care	0
6.0 Monitoring	4
7.0 Program Integrity	0
8.0 Compliance	1

CORRECTIVE ACTION PLAN

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part II, Section EE, 2 each CD identified must be addressed via a CAP. The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory Recommendations (AR) 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) The name of the person who will be responsible for corrections and ongoing compliance.

The CMU liaison will monitor progress of the CAP completion.

1.0 ADMINISTRATION

A review of the administrative trainings, policies, and procedures was conducted to ensure compliance with applicable regulations and standards. The following deficiency in the administration requirements was identified:

COMPLIANCE DEFICIENCY:

CD 1.6:

Intergovernmental Agreement Exhibit A, Attachment I, 5, i, a, i-ii

- i. The Contractor shall follow the state's established uniform credentialing and re-credentialing policy that addresses behavioral and substance use disorders, outlined in DHCS Information Notice 18-019.
- ii. The Contractor shall follow a documented process for credentialing and re-credentialing of network providers.

MHSUDS Information Notice: 18-019

Attestation: For all network providers who deliver covered services, each provider's application to contract with the Plan must include a signed and dated statement attesting to the following:

1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
2. A history of loss of license or felony conviction;
3. A history of loss or limitation of privileges or disciplinary activity;
4. A lack of present illegal drug use; and
5. The application's accuracy and completeness

Finding: The Plan did not provide signed copies of credentialing attestations from two (2) of the Plan's network providers;

- Community Recovery Resources – Auburn Campus; and
- Community Recovery Resources – Kings Beach Campus.

6.0 MONITORING

The following deficiencies in monitoring were identified:

COMPLIANCE DEFICIENCIES:

CD 6.22:

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, ii, b

- ii. For consistency in the information provided to beneficiaries, the Contractor shall use:
 - b. The Department developed model beneficiary handbooks and beneficiary notices.

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, iv, a-b

- iv. Beneficiary information required in this section may not be provided electronically by the Contractor unless all of the following are met:
 - a. The format is readily accessible;
 - b. The information is placed in a location on the Department or the Contractor's website that is prominent and readily accessible.

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xiv, a

- a. The Contractor shall utilize, and require its subcontracted providers to utilize, the state developed model beneficiary handbook.

MHSUDS Information Notice IN 18-043

MHPs must provide each beneficiary with the beneficiary handbook when the beneficiary first accesses services, and thereafter upon request. A template for this beneficiary handbook is included as an enclosure to this IN. The content of the beneficiary handbook includes information that enables the beneficiary to understand how to effectively access specialty mental health services. The template indicates fields where the MHP should insert county-specific information. MHPs will need to edit the template to add their county-specific information where indicated in the template.

The MHP must also give each beneficiary notice of any significant change.

The information contained in the beneficiary handbook at least 30 days before the intended effective date of the change.

Information in the beneficiary handbook must include the following at a minimum:

- Benefits provided by the MHP;
- How and where to access any benefits provided by the MHP, and how transportation is provided;
- The amount, duration, and scope of benefits available under the MHP contract in sufficient detail to ensure that beneficiaries understand the benefits to which they are entitled;
- How beneficiaries can obtain information from the MHP about how to access services, and procedures for obtaining benefits, including any requirements for service authorizations and/or referrals for specialty care;
- The extent to which, and how, after-hours and emergency coverage are provided;
- What constitutes an emergency medical condition and emergency services;

- The fact that prior authorization is not required for emergency services and the beneficiary has a right to use any hospital or other setting for emergency care;
- Any restrictions on the beneficiary's freedom of choice among network providers;
- The extent to which, and how, beneficiaries may obtain benefits from out-of-network providers;
- Beneficiary rights and responsibilities;
- How to exercise an advance directive;
- How to access auxiliary aids and services, including additional information in alternative formats or languages;
- The toll-free telephone number that is answered 24 hours a day, seven days a week that can tell beneficiaries how to access specialty mental health services;
- Information on how to report suspected fraud or abuse; and
- Any other content required by the state.

The beneficiary handbook must also contain information on the grievance, appeal, and State Hearing procedures and timeframes, including:

- The right to file grievances and appeals;
- The requirements and timeframes for filing a grievance or appeal;
- The availability of assistance in the filing process;
- The right to request a State Hearing after the MHP has made a determination on a beneficiary's appeal that is adverse to the beneficiary; and
- The fact that, when requested by the beneficiary, benefits that the MHP seeks to reduce or terminate will continue if the beneficiary files an appeal or requests a State Hearing within the timeframes specified for filing.

The beneficiary handbook will be considered to be provided to the beneficiary if the MHP:

- Mails a printed copy of the beneficiary handbook to the beneficiary's mailing address;
- Provides the beneficiary handbook by email after obtaining the beneficiary's agreement to receive it by email;
- Posts the beneficiary handbook on the MHP's website and advises the beneficiary in paper or electronic form that the beneficiary handbook is available on the internet, including the applicable internet address, provided that beneficiaries with disabilities who cannot access this information online are provided auxiliary aids and services upon request at no cost; and/or
- Provides the beneficiary handbook by any other method that can reasonably be expected to result in the beneficiary receiving the information.

All written materials for beneficiaries, including the beneficiary handbook, must use easily understood language and format, use a font size no smaller than 12 point, be available in alternative formats, e.g. large-print in an appropriate manner that takes into consideration the special needs of beneficiaries with disabilities or limited English proficiency, and include taglines and information about how to request auxiliary aids and services, including the provision of materials in alternative formats.

Each MHP must make its written materials that are critical to obtaining services available in the prevalent non-English languages in the MHP's county, including, at a minimum, the beneficiary handbook, provider directory, appeal and grievance notices, and denial and termination notices. Written materials must also be made available in alternative formats upon request of the beneficiary at no cost. Auxiliary aids and services, such as TTY/TDY and American Sign Language, must also be made available upon request of the beneficiary at no cost. Written

materials must include taglines in the prevalent non-English languages in the state, and in large-print, explaining the availability of written or oral translation to understand the information provided and the toll-free and TTY/TDY telephone number of the MHP's customer service unit. Oral interpretation must be available in all non-English languages, not just those identified as prevalent.

Finding: The Plan does not provide a Beneficiary Handbook in a format that is prominent and/or readily accessible. The link to the Beneficiary Handbook is not an obvious link on the website's Substance Use Services page. The header to access the Beneficiary Handbook's link reads "Resources" but is a different color background that is not consistent with other headers on the website. The "Resource" header can be clicked on but is not displayed in a way that is consistent with other headers on the website.

The Beneficiary Handbook can be accessed via a desktop or laptop after 5 clicks from the County of Placer website;

County of Placer;

1. Services;
2. Substance Abuse;
3. Substance Use Services;
4. Resources; and
5. Beneficiary Handbook.

The Beneficiary Handbook can be accessed via a mobile device after 7 clicks from the County of Placer website;

County of Placer;

1. Menu;
2. Services;
3. Health and Family;
4. Substance Abuse;
5. Substance Use Services;
6. Resources; and
7. Beneficiary Handbook.

CD 6.23:

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, iv, a-b

- iv. Beneficiary information required in this section may not be provided electronically by the Contractor unless all of the following are met:
 - a. The format is readily accessible;
 - b. The information is placed in a location on the Department or the Contractor's website that is prominent and readily accessible.

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xviii, a

- a. The Contractor shall make available in electronic form and, upon request, in paper form, the following information about its network providers:
 - i. The provider's name as well as any group affiliation;
 - ii. Street address(es);
 - iii. Telephone number(s);

- iv. Website URL, as appropriate;
- v. Specialty, as appropriate;
- vi. Whether the provider will accept new beneficiaries;
- vii. The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competence training; and
- viii. Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment.

MHSUDS Information Notice 18-020

...the provider directory must also include the following information for each rendering provider:

- Type of practitioner, as appropriate;
- National Provider Identifier number;
- California license number and type of license; and,
- An indication of whether the provider has completed cultural competence training.

The provider directory should also include the following notation (may be included as a footnote); "Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan's provider directory."

Plans may choose to delegate the requirement to list individuals employed by provider organizations to its providers. If the Plan delegates this requirement, the Plan's website must link to the provider organization's website and vice versa. Alternately, the Plan may elect to maintain this information at the county level. Ultimately, the Plan maintains responsibility for monitoring the network provider's compliance with these requirements.

Finding: The Plan does not provide a Provider Directory in a format that is prominent and/or readily accessible and the Plan does not provide a provider directory containing the required element:

- The provider's cultural capabilities.

The link to the Provider Directory is not an obvious link on the website's Substance Use Services page. The header to access the Provider Directory's link reads "Resources" but is a different color background that is not consistent with other headers on the website. The "Resource" header can be clicked on but is not displayed in a way that is consistent with other headers on the website.

The Provider Directory can be accessed via a desktop or laptop after 5 clicks from the County of Placer website:

County of Placer

1. Services
2. Substance Abuse
3. Substance Use Services
4. Resources
5. Provider Directory

The Provider can be accessed via a mobile device after 7 clicks from the County of Placer website:
County of Placer

1. Menu
2. Services
3. Health and Family
4. Substance Abuse
5. Substance Use Services
6. Resources
7. Provider Directory

CD 6.25:

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

1. Monitoring

- i. Contractor's performance under this Exhibit A, Attachment I, shall be monitored by DHCS annually during the term is the 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
Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
1500 Capitol Ave., MS 2305
Sacramento, CA 95814

Finding: The County indicated a total of 16 DMC-ODS monitoring reports were sent to DHCS for SFY 2018-19. The County did monitor 13 of 20 County and sub-contracted providers for DMC-ODS programmatic and fiscal requirements.

CD 6.26

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

1. Monitoring

- i. Contractor's performance under this Exhibit A, Attachment I, shall be monitored by DHCS annually during the term is the 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
SUD - Program, Policy and Fiscal Division
Performance & Integrity Branch
PO Box 997413, MS-2627
Sacramento, CA 95899-7413

Finding: The County did not submit all provider DMC-ODS programmatic and fiscal monitoring reports within two weeks of issuance. The County did submit 10 of 13 DMC-ODS programmatic and fiscal monitoring reports within two weeks of report issuance.

The County did submit 2 DMC-ODS fiscal only monitoring reports to DHCS seven weeks after report issuance. The County did submit 1 DMC-ODS fiscal only monitoring reports to DHCS ten weeks after report issuance.

8.0 COMPLIANCE

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

COMPLIANCE DEFICIENCY:

CD 8.48:

MHSUDS Information Notice IN 18-020

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, iv, a-b

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xviii, a-d

Finding: The Plan's provider directly was not compliant and is missing the following elements:

- Include taglines in the prevalent non-English languages in the State explaining the availability of free written translation or oral interpretation services to understand the information provided;
- Use 12 point or larger font size for all text (except as noted below for the large print tagline);
- Include a large print tagline (18 point font or larger) and information on how to request auxiliary aids and services, including the provision of materials in alternative formats, at no cost to the beneficiary; and,
- Include the toll-free and TTY / TDY or California Relay Service telephone number of the Plan's customer service unit (i.e., 24 hours, 7 days per week toll-free telephone number).

TECHNICAL ASSISTANCE

Placer County did not request Technical Assistance for this review.