



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



GAVIN NEWSOM
GOVERNOR

June 23, 2020

Sent via e-mail to: thobson@countyofplumas.com

Tony Hobson, Ph.D., Behavioral Health Director and AOD Administrator
Plumas County Behavioral Health Department
270 County Hospital Rd., Ste. 109
Quincy, CA 95971

SUBJECT: Annual County Compliance Unit Report

Dear Director Hobson:

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 Plumas 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 Plumas 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.

Plumas 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 7/23/2020. 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,

Becky Counter
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becky.counter@dhcs.ca.gov

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
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MCBHDMonitoring@dhcs.ca.gov, County and Provider Monitoring Unit
Tori Brown, Plumas County SUD Quality Assurance

Lead CCU Analyst: Becky Counter	Date of Review: May 2020
Assisting CCU Analyst(s): N/A	
County: Plumas	County Address: 270 County Hospital Rd., Ste. 109 Quincy, CA 95971
County Contact Name/Title: Tori Brown / SUD Quality Assurance	County Phone Number/Email: (530) 283-6307 tbrown@pcbh.services
Report Prepared by: Becky Counter	Report Approved by: Mayumi Hata

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	1
2.0 Beneficiary Services	0
3.0 Service Provisions	0
4.0 Access	0
5.0 Monitoring	0
6.0 Program Integrity	3
7.0 Compliance	9

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 deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 1.4:

Exhibit A, Attachment I, Part I, Section 2, A, 1, a-e

Contractor shall establish assessment and referral procedures and shall arrange, provide, or subcontract for covered services in the Contractor's service area. Covered services include:

- a) Outpatient drug-free treatment
- b) Narcotic replacement therapy
- c) Naltrexone treatment
- d) Intensive Outpatient Treatment
- e) Perinatal Residential Substance Abuse Services (excluding room and board)

MHSUDS Information Notice No: 18-009

The DMC contract between the Department and a contracting county specifies that the contracting county "shall establish assessment and referral procedures **and** shall arrange, provide, or subcontract for covered services in the Contractor's service area." (See Fiscal Year 2017-2020 DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection A, Paragraph 1.) The contract goes on to define "covered services" to include the following:

- a) Outpatient drug-free treatment;
- b) Narcotic replacement therapy;
- c) Naltrexone treatment;
- d) Intensive Outpatient Treatment; and
- e) Perinatal Residential Substance Abuse Services (excluding room and board).

(DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection A, Paragraph 1)

The contract further requires that a contracting county "maintain continuous availability and accessibility of covered services and facilities, service sites, and personnel to provide the covered services." (DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection B, Paragraph 1.) These services must be provided to Medi-Cal beneficiaries with reasonable promptness, may not be limited due to budgetary constraints, and must be provided to requesting beneficiaries without regard to the county of residence (DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection B, Paragraphs 1 and 2.). A referral to a non-contracting provider or to another county without an appropriate funding agreement does not fulfill a county's contractual obligation to arrange, provide or subcontract for DMC services.

If a county does not fulfill its contractual obligations to arrange, provide or subcontract for the provision of **all** DMC covered services, the Department may, at its discretion, require that the contracting county forfeit its county realignment funds, pursuant to Government Code Section 30027.10, and may require that the county surrender its authority to function as the administrator of DMC services (Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection C, Paragraph 3.). Additionally, the Department will enter into direct contracts with providers

and will invoice the county for all DMC claims for services provided to the residents of that county (Contract, Exhibit B, Part II, Section 3, Subsection B).

Finding: The County's procedures for assessment and referral for covered services does not include a process for ensuring subcontracted providers are in compliance with the County's requirements.

6.0 PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCIES:

CD 6.17:

Exhibit A, Attachment I, Part I, 3, A, 4, c

4. Contractor shall require all the subcontracted providers of services to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines:

c) Minimum Quality Treatment Standards, (Document 2F(a))

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.

22 CCR § 51341.1 (b) (28) (A) (i) (a-f)

- i. ...The substance use disorder 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 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 are adequately trained to perform other physician duties, as outlined in this section.

Finding: The County did not ensure that all DMC Medical Directors are aware of and are meeting their requirements. The written roles and responsibilities did not include the following requirements:

- Signed and dated by the physician
- Signed and dated by a provider representative

- Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care
- Ensure that physicians do not delegate their duties to non-physician personnel
- Develop and implement medical policies and standards for the provider
- Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations
- Ensure that provider's physicians are adequately trained to perform other physician duties

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.

Finding: The County did not provide evidence that SUD program Medical Directors have a signed Code of Conduct. The Code of Conduct for Medical Directors did not include the following requirements:

- Use of drugs and/or alcohol;
- Prohibition of social/business relationship with beneficiary's or their family members for personal gain;
- Prohibition of sexual contact with beneficiaries;
- Conflict of interest;
- Providing services beyond scope;
- Discrimination against beneficiary's or staff;
- Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff;
- Protection beneficiary confidentiality;
- The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under; and
- Cooperate with complaint investigations.

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.

Finding: The following CalOMS-Tx report is non-compliant:

- Open Admissions Report

7.0 COMPLIANCE

During the SFY 2019-20 review, the following CAPs with CDs were discussed and are still outstanding.

State Fiscal Year: 2018-19

CD #: 9.43

Finding: The County did not provide evidence that records are retained for ten years from the final date of the contract period between the plan and the provider from the date of completion of any auditor or from the date the service was rendered, whichever is later.

Reason for non-clearance of CD: The County did not provide evidence that records are retained for ten years from the final date of the contract period between the plan and the provider from the date of completion of any auditor or from the date the service was rendered, whichever is later. The County is working to update policies and procedures that will address record retention. [Insert reason the analyst could not clear the CD.]

County plan to remediate: A new staff member has been hired and County will continue to work on policy and procedure

Original expected date of completion: 11/1/2019

Updated/ revised date of completion: 4/30/2020

State Fiscal Year: 2018-19

CD #: 9.45

Finding: The County does not have assessment and referral procedures for *Outpatient Drug-Free Treatment, Narcotic Replacement Therapy, Naltrexone Treatment, Intensive Outpatient Treatment, and Perinatal Residential Treatment (excluding room and board)*. Additionally, the County does not arrange for these services to be provided to DMC beneficiaries leaving them without access to:

- a) Outpatient drug-free treatment
- b) Narcotic replacement therapy
- c) Naltrexone treatment
- d) Intensive Outpatient Treatment

Perinatal Residential Substance Abuse Services (excluding room and board)

Reason for non-clearance of CD: The County does not have assessment and referral procedures for Outpatient Drug-Free Treatment, Narcotic Replacement Therapy, Naltrexone Treatment, Intensive Outpatient Treatment, and Perinatal Residential Treatment (excluding room and board). The County is updating policy and procedure that will include the assessment and referral process for treatment.

County plan to remediate: The County will proceed in with policies and procedures to meet this requirement.

Original expected date of completion: 11/1/2019

Updated/ revised date of completion: 4/30/2020

State Fiscal Year: 2018-19

CD #: 9.46

Finding: The County does not demonstrate compliance with the following requirements for Naltrexone treatment:

- Has a confirmed, documented history of opiate addiction
- Is at least (18) years of age
- Is opiate free
- Is not pregnant

Reason for non-clearance of CD: The County does not demonstrate compliance with the following requirements for Naltrexone treatment:

- Has a confirmed, documented history of opiate addiction
- Is at least (18) years of age
- Is opiate free
- Is not pregnant

County plan to remediate: The County has already updated this policy and procedure and will submit it. Please find the policy and procedure attached to this monitoring tool.

Original expected date of completion: 10/1/2019

Updated/ revised date of completion: Information not provided.

State Fiscal Year: 2018-19

CD #: 9.58

Finding: The County did not review and verify that claims submitted were accurate and legitimate.

Reason for non-clearance of CD: The County did not review and verify that claims submitted were accurate and legitimate. The County has submitted DMC application in to The PAVE portal and is waiting on Provider Enrolment for next steps. The County is actively working on becoming DMC certified so that claims can be submitted and that they are accurate and legitimate. Policies and Procedures will also be written to about claims verification and accurate and legitimate claims.

County plan to remediate: The County is working on a new PAVE application and planning on submitting by the end of April once that is complete the County will begin writing policy and procedures

Original expected date of completion: 12/1/2019

Updated/ revised date of completion: 6/15/2020

State Fiscal Year: 2018-19

CD #: 9.59

Finding: The County does not have a process in place to notify DHCSMPF@dhcs.ca.gov within two business days of notification or discovery of subcontractors' contract termination.

Reason for non-clearance of CD: The County does not have a process in place to notify DHCSMPF@dhcs.ca.gov within two business days of notification or discovery of subcontractors' contract termination. The county is updating policies and procedures and will have a process in place for notifying DHCSMPF@dhcs.ca.gov of subcontractor termination.

County plan to remediate: A new staff member has been hired and county will proceed with writing policies and procedures

Original expected date of completion: 12/1/2019

Updated/ revised date of completion: 6/15/2020

State Fiscal Year: 2018-19

CD #: 9.60

Finding: The County did not provide evidence that the County accepts proof of DMC eligibility as payment in full for drug treatment services.

Reason for non-clearance of CD: The County did not provide evidence that the County accepts proof of DMC eligibility as payment in full for drug treatment services. The County is currently working on DMC certification and has submitted the DMC application through the PAVE portal. The County is waiting on Provider Enrollment Division for next steps.

County plan to remediate: The County is working on getting a new PAVE application submitted, once this is done county will work on policies and procedures

Original expected date of completion: 12/1/2019

Updated/ revised date of completion: 6/15/2020

State Fiscal Year: 2018-19

CD #: 9.64

Finding: The County does not ensure subcontractors are in compliance with the following requirements before authorizing residential services:

- Must be documented in beneficiary record
- Physician shall determine whether SUD services are medically necessary based on Title 22, Section 51303
- Initially – Required within 30 days of admission Continually – Within 15 days of signature by the therapist or counselor on updated treatment plan(s)

No sooner than 5 months and no later than 6 months from admission or the date of completion of the most recent continuing services justification

Reason for non-clearance of CD: The County does not ensure subcontractors are in compliance with the following requirements before authorizing residential services:

- Must be documented in beneficiary record
- Physician shall determine whether SUD services are medically necessary based on Title 22, Section 51303
- Initially – Required within 30 days of admission Continually – Within 15 days of signature by the therapist or counselor on updated treatment plan(s)

No sooner than 5 months and no later than 6 months from admission or the date of completion of the most recent continuing services justification.

The County has submitted there DMC application through the PAVE portal and are waiting on the Provider Enrolment Division. A policy and Procedure will be in place to assure that Tittle 22 regulation are being followed.

County plan to remediate: The County will proceed with policies and procedures once new PAVE application has been submitted

Original expected date of completion: 12/1/2019

Updated/ revised date of completion: 6/15/2020

State Fiscal Year: 2018-19

CD #: 9.65

Finding: The County did not provide evidence that all DMC programs have medical policies and standards developed and approved by the program medical director.

Reason for non-clearance of CD: The County did not provide evidence that they ensure subcontracted medical directors receive five hours annually of continuing medical education units in addiction medicine. The county will create a process where subcontractor Medical Directors submit proof of five hours annually to the County on an annual basis. A question regarding Medical Directors continuing education hours will also be added to the monitoring tool.

County plan to remediate: County will submit evidence of Medical Directors CME's with this monitoring tool

Original expected date of completion: 12/1/2019

Updated/ revised date of completion: County responded N/A.

State Fiscal Year: 2018-19

CD #: 9.66

Finding: The County did not provide evidence that they ensure subcontracted medical directors receive five hours annually of continuing medical education units in addiction medicine.

Reason for non-clearance of CD: The County did not provide evidence that they ensure subcontracted medical directors receive five hours annually of continuing medical education units in addiction medicine. The county will create a process where subcontractor Medical Directors submit proof of five hours annually to the County on an annual basis. A question regarding Medical Directors continuing education hours will also be added to the monitoring tool.

County plan to remediate: Evidence will be submitted with this monitoring tool.

Original expected date of completion: 12/1/2019

Updated/ revised date of completion: County responded N/A.

TECHNICAL ASSISTANCE

Plumas County did not request Technical Assistance for FY 2019-20.