



BRADLEY P. GILBERT  
ACTING DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

February 24, 2020

Sent via e-mail to: RMiller@ruhealth.org

Rhyan Miller, Deputy Director  
Riverside County Department of Mental Health  
4095 County Circle Drive  
P.O. Box 7549  
Riverside, CA 92513-7549

SUBJECT: Annual County Compliance Report

Dear Deputy Director Miller:

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 Riverside 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 Riverside 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.

Riverside 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 3/24/2020. 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](mailto:MCBHDMonitoring@dhcs.ca.gov).

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

Sincerely,

Jessica Jenkins  
(916) 713-8577  
[jessica.jenkins@dhcs.ca.gov](mailto:jessica.jenkins@dhcs.ca.gov)

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

To: Deputy Director Miller,

CC: Mateo Hernandez, Audit and Investigation, Acting Medical Review Branch Chief  
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April Marier, Riverside County SUD Administrator  
Mary Stetkebich, Riverside County Compliance Officer  
Maureen Dopson, Riverside County Quality Improvement Administrator

<b>Lead CCU Analyst:</b> Jessica Jenkins	<b>Date of Review:</b> 1/8/2020 - 1/9/2020  <b>Date of DMC-ODS Implementation:</b> 2/1/2017
<b>County:</b> Riverside	<b>County Address:</b> 3525 Presley Ave. Riverside, CA 92507
<b>County Contact Name/Title:</b> Maureen Dopson/Quality Improvement Administrator	<b>County Phone Number/Email:</b> 951-955-2310 Mdopson@ruhealth.org
<b>Report Prepared by:</b> Jessica Jenkins	<b>Report Approved by:</b> 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 3525 Presley Ave. Riverside, CA 92507 on 1/8/2020. The following individuals were present:

- Representing DHCS:  
Jessica Jenkins, Associate Governmental Program Analyst, AGPA
- Representing Riverside County:  
Rhyan Miller, Deputy Director  
Maureen Dopson, Quality Improvement Administrator  
Sarah Stewart, Administrative Analyst  
William Harris, Assistant Regional Manager  
April Marier, Administrator  
Jamie Moore, Deputy Director  
Raven Liddell, Supervisor  
Ashley Trevino-Kwong, Administrative Services Supervisor  
Andrea Webb, BPA  
Jacob Ruiz, Administrative Service Manager  
Nicole Shavedi, Administrative Supervisor  
Beth Anderson, Quality Improvement Supervisor  
Lupe Madrigal, Supervisor  
Richard Bolter, Supervisor  
Brandon Jacobs, Research & Technology Program Manager  
Stephanie Johnson-Creswell, Administrative Services Officer  
Jethina Roca Luna, Accountant II

During the Entrance Conference the following topics were discussed:

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

### Exit Conference:

An exit conference was conducted at 3525 Presley Ave. Riverside, CA 92507 on 1/9/2020. The following individuals were present:

- Representing DHCS:  
Jessica Jenkins, AGPA
- Representing Riverside County:  
Rhyan Miller, Deputy Director  
Maureen Dopson, Quality Improvement Administrator  
Sarah Stewart, Administrative Analyst  
William Harris, Assistant Regional Manager

- April Marier, Administrator
- Jamie Moore, Deputy Director
- Raven Liddell, Supervisor
- Ashley Trevino-Kwong, Administrative Services Supervisor
- Andrea Webb, BPA
- Jacob Ruiz, Administrative Service Manager
- Nicole Shavedi, Administrative Supervisor
- Beth Anderson, Quality Improvement Supervisor
- Lupe Madrigal, Supervisor
- Richard Bolter, Supervisor
- Brandon Jacobs, Research & Technology Program Manager
- Stephanie Johnson-Creswell, Administrative Services Officer
- Jethina Roca Luna, Accountant II

During the Exit Conference the following topics were discussed:

- Review of Compliance Deficiencies
- Follow-Up Deadlines

**SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD)**

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

**CORRECTIVE ACTION PLAN (CAP)**

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 and new requirement.
- 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 deficiencies in 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 three (3) of the Plan's network providers.

## 4.0 ACCESS

The following deficiencies in access regulations, standards, or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 4.17:**

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.

**Finding:** The Plan does not send a secure, encrypted email to sudcountyreports@dhcs.ca.gov and it does not notify DHCS within 2 business days when a provider's subcontract is terminated.

## 7.0 PROGRAM INTEGRITY

The following deficiencies in quality regulations, standards, or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 7.46:**

##### 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.

##### 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.
  - 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.

**Finding:** The following CalOMS Tx reports are non-compliant:

- Open Admissions Report
- Open Providers Report

## 8.0 COMPLIANCE

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

### COMPLIANCE DEFICIENCY:

#### **CD 8.50**

#### Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 8, ii, v, a

- a. The Contractor agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the Contractor is acting as a clearinghouse for that provider. If the Contractor is a clearinghouse, the Contractor agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

**Finding:** The Plan has not resolved previous deficiencies identified by DHCS in SFY 2018-19 CD #7.50.

**TECHNICAL ASSISTANCE**

The County did not request Technical Assistance.