



BRADLEY P. GILBERT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

March 19, 2020

Sent via e-mail to: sdockery@stanbhhs.org

Cherie Dockery, Director
Stanislaus County Behavioral Health and Recovery Services
800 Scenic Dr.
Modesto, CA 95350

SUBJECT: Annual County Compliance Report

Dear Director Dockery:

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 Stanislaus 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 Stanislaus 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.

Stanislaus 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 4/20/2020. 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

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 Dockery,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
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MCBHDMonitoring@dhcs.ca.gov, County and Provider Monitoring Unit
Dawn Vercelli, Stanislaus County BHRS Chief Substance Abuse Use Disorder Services
Ruben Imperial, Stanislaus County Behavioral Health Interim Director
Kara Anguiano, Stanislaus County Chief Fiscal Officer
Nasrin Safi, Stanislaus County BHRS Quality Services, Risk and Compliance

Lead CCU Analyst: Michael Bivians	Date of Review: 2/26/2020 - 2/27/2020
Assisting CCU Analyst(s): Emanuel Hernandez	Date of DMC-ODS Implementation: 4/1/2019
County: Stanislaus	County Address: 800 Scenic Dr. Modesto, CA 95350
County Contact Name/Title: Nasrin Safi, LMFT, Quality Services, Risk and Compliance Manager	County Phone Number/Email: 209-525-6265 nsafi@stanbhrs.org
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 800 Scenic Dr., Modesto, CA 95350 on 2/26/2020. The following individuals were present:

- Representing DHCS:
Michael Bivians, Associate Governmental Program Analyst (AGPA)
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
- Representing Stanislaus County:
Dawn Vercelli, Stanislaus County Chief of Substance Use Disorder Services
Nasrin Safi, Stanislaus County Quality Services, Risk Management, and Managed Care Plans
Cameo Culcasi, Stanislaus County Substance Abuse Disorder Manager
Debra Buckles, Stanislaus County Chief, Forensic Services Public Guardian
Kara Anguiano, Stanislaus County Chief Fiscal Manager
Charles Yarnell, Stanislaus County Recovery Center Outpatient Programs
Monica Salazar, Stanislaus County Chief, Managed Care, Quality, Risk and Compliance
Kristen Jasek-Rysdahi, Stanislaus County Performance Measurement, Manager
Tabatha Spragne, Stanislaus County Behavioral Health Coordinator
Jennifer Marsh, Stanislaus County SUD Education and Prevention
Marycruz Vargas, Stanislaus County Qualifications Specialist
Maria Rameno, Stanislaus County Qualifications Specialist
Stephanie Gilden, Stanislaus County Behavioral Health and Recovery Services Accounts
Melissa Hale, Stanislaus County Co-Occurring Disorders
Cherie Dockery, Stanislaus County Associate Director
Delayne Olivia, Stanislaus County Contract Administrator
Tina Jamison, Stanislaus County Business Office Manager
Rosa Gandarilla, Stanislaus County Coordinator
Megan Vylonis, Stanislaus County Qualification Specialist
Christi Golden, Stanislaus County Human Resources Director
Francine Gutierrez, Stanislaus County Fiscal Manager
Elizabeth Pike, Stanislaus County Withdrawal and Residential treatment
Laura Garcia, Stanislaus County Human Resources Manager
Renee Dicker, Last Resort Program Director
Steve Collins, Center for Human Services Manager
Jeff Mason, Center for Human Services Coordinator
Stacey Glover, First Step Program Manager
Diane Rose, First Step Program Manager

During the Entrance Conference the following topics were discussed:

- Introductions
- DHCS Re-Organization.
- Overview of Monitoring Process
- Overview of the County's System of Service

Exit Conference:

An exit conference was conducted at 800 Scenic Dr., Modesto, CA 95350 on 2/27/2020. The following individuals were present:

- Representing DHCS:
Michael Bivians, AGPA
Emanuel Hernandez, AGPA

- Representing Stanislaus County:
Dawn Vercelli, Stanislaus County Chief of Substance Abuse Disorders
Nasrin Safi, Stanislaus County Quality Services, Risk and Compliance
Cameo Culcasi, Stanislaus County Manager II, Substance Abuse Disorders
Bernardo Mora, Stanislaus County Medical Director
Debra Buckles, Stanislaus County Chief Forensics Services
Michael Levy, Stanislaus County Chief, Data Outcomes Technology Services
Kristen Jasek-Rysdahi, Stanislaus County Performance Measurement, DOTS Manager
Monica Salazar, Stanislaus County Chief, Managed Care, Quality, Risk and Compliance
Tina Jamison, Stanislaus County Business Office Manager
Jeff Sabeau, Stanislaus County Site Administrator
Delayne Olivia, Stanislaus County Contract Administrator
Stephanie Giden, Stanislaus County Behavioral Health and Recovery Services Accounts
Tabatha Spragne, Stanislaus County Behavioral Health Coordinator
Charles Yarell, Stanislaus County Staff Services Coordinator
Maricruz Vargas, Stanislaus County Qualifications Specialist
Maria Rameno, Stanislaus County Qualifications Specialist
Cam Quach, Stanislaus County Staff Services Analyst
Jeff Mason, Center for Human Services Coordinator
Steve Collins, Center for Human Services BH Manager
Diane Rose, First Step Program Manager
Stacey Glover, First Step Program
Renee Dicker, Last Resort Program Director
David Lyon, Nirvana Drug and Alcohol Executive Director

During the Exit Conference the following topics were discussed:

- Review of Compliance Deficiencies
- Questions Regarding the Review Process
- Follow-Up Submissions 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	2
7.0 Program Integrity	5
8.0 Compliance	3

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 administration requirements was identified:

COMPLIANCE DEFICIENCY:

CD 1.1:

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.

Finding: The Plan does not ensure SUD program professional staff have five (5) hours of continuing medical education in addiction medicine annually:

- The Last Resort

6.0 MONITORING

The following deficiencies in monitoring were identified:

COMPLIANCE DEFICIENCIES:

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 Plan indicated a total of 12 DMC-ODS monitoring reports were sent to DHCS for SFY 2018-19. The Plan did not monitor all providers for DMC-ODS programmatic and fiscal requirements. The Plan did monitor 5 of 16 Plan and sub-contracted providers for DMC-ODS programmatic and fiscal requirements. The Plan did submit 1 DMC-ODS programmatic and fiscal monitoring report to DHCS within two weeks of report issuance. The Plan did submit 4 DMC-ODS programmatic and fiscal monitoring reports to DHCS more than two weeks after report issuance.

CD 6.35

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 3, iii, a-f

- iii. The Contractor shall implement procedures to deliver care to and coordinate services for all of its beneficiaries. These procedures shall meet Department requirements and shall do the following:
 - a. Ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. The beneficiary shall be provided information on how to contact their designated person or entity.
 - b. Coordinate the services the Contractor furnishes to the beneficiary:
 - i. Between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays;
 - ii. With the services the beneficiary receives from any other managed care organization;
 - iii. With the services the beneficiary receives in FFS Medicaid; and
 - iv. With the services the beneficiary receives from community and social support providers.
 - c. Make a best effort to conduct an initial screening of each beneficiary's needs, within 90 calendar days of the effective date of enrollment for all new beneficiaries, including subsequent attempts if the initial attempt to contact the beneficiary is unsuccessful.
 - d. Share with the Department or other managed care organizations serving the beneficiary, the results of any identification and assessment of that beneficiary's needs to prevent duplication of those activities.
 - e. Ensure that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards.
 - f. Ensure that in the process of coordinating care, each beneficiary's privacy is protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E and 42 CFR Part

Finding: The Plan's Coordination of Care procedures are missing the following elements:

- o Ensure that each provider furnishing services to beneficiaries maintains and shares beneficiary health record...
- o Ensure beneficiary's privacy is protected in accordance with the privacy requirements in 45 CFR.

7.0 PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCIES:

CD 7.41:

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, b & g

- ii. The arrangements or procedures shall include the following:
 - a. Provision for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, to the Department.
 - g. Provision for the prompt referral of any potential fraud, waste, or abuse that the Contractor identifies to the Department Medicaid program integrity unit or any potential fraud directly to the State Medicaid Fraud Control Unit.

Finding: The Plan does not ensure prompt reporting of all overpayments to DHCS.

CD 7.42:

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, v, b

- v. Treatment of recoveries made by the Contractor of overpayments to providers.
 - b. The Contractor shall have a mechanism for a network provider to report to the Contractor when it has received an overpayment, to return the overpayment to the Contractor within 60 calendar days after the date on which the overpayment was identified, and to notify the Contractor in writing of the reason for the overpayment.

Finding: The Plan does not ensure network providers properly report overpayments made by the Plan.

CD 7.43:

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, v, c

- v. Treatment of recoveries made by the Contractor of overpayments to providers.
- c. The Contractor shall annually report to the Department on their recoveries of overpayments.

MHSUDS Information Notice 19-022

Consistent with Exhibit A, Attachment I of the Intergovernmental Agreement (IA), DMC-ODS counties must submit a completed and signed certification statement on county letterhead to ODSSubmissions@dhcs.ca.gov. The certification is required with each submission of the following data, documentation, and information:

- Annual report of overpayment recoveries;

The certification statement must be on county letterhead and conform to the following requirements:

- Indicate the current month during which all data, information, and documentation submitted to DHCS, as described above, is certified;
- Reference, with specificity, all types of data, information, and documentation described in the bulleted list above; and
- State that the data, information, and documentation to which the certification statement applies is “accurate, complete, and truthful” to the declarant’s “best information, knowledge, and belief.”

The Chief Executive Officer (CEO), the Chief Financial Officer (CFO), or an individual who reports to the CEO or CFO with the delegated authority to sign for the CEO or CFO, so that the CEO or CFO is ultimately responsible for the certification, must sign the certification statement. The attached DMC-ODS County Certification template includes the requirements described above.

Finding: The Plan does not ensure overpayments are properly communicated to DHCS.

CD 7.44:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, 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.

Finding: The written roles and responsibilities provided for the SUD program Medical Directors of Center for Human Services are missing the following criteria:

- Develop and implement written medical policies and standards for the provider.

The written roles and responsibilities provided for the SUD program Medical Directors of County of Stanislaus are missing the following criteria:

- Ensure that physicians do not delegate their duties to non-physician personnel.
- Develop and implement written 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 and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, and determine the medical necessity of treatment for beneficiaries.
- Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.

The written roles and responsibilities provided for the SUD program Medical Directors of Redwood Family Treatment Center are missing the following criteria:

- 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.
- Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.

CD 7.45:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 7, 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, 7, 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.

Finding: The Plan's SUD program Medical Director's signed Code of Conduct for Center for Human Services is missing the following elements:

- Prohibition of social/business relationship with beneficiaries or their family members for personal gain
- Providing services beyond scope
- Cooperate with complaint investigations

The Plan's SUD program Medical Director's signed Code of Conduct for County of Stanislaus is missing the following elements:

- Use of drugs and/or alcohol
- Prohibition of social/business relationship with beneficiaries or their family members for personal gain
- Prohibition of sexual contact with beneficiaries
- Conflict of interest
- Providing services beyond scope
- Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff
- Cooperate with complaint investigations

The Plan's SUD program Medical Director's signed Code of Conduct for Sierra Vista Child and Family Services is missing the following elements:

- Shall be clearly documented, signed and dated by a provider representative and the physician

The Plan's SUD program Medical Director's signed Code of Conduct for Redwood Family Treatment Centers is missing the following elements:

- Use of drugs and/or alcohol
- Prohibition of social/business relationship with beneficiaries or their family members for personal gain
- Prohibition of sexual contact with beneficiaries
- Conflict of interest
- Providing services beyond scope
- Discrimination against beneficiaries or staff
- Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff
- Protection of beneficiary confidentiality
- Cooperate with complaint investigations

8.0 COMPLIANCE

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

COMPLIANCE DEFICIENCIES:

CD 8.47:

MHSUDS Information Notice IN 18-043

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

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xiv, d, i-iv

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xvii, a-e

Finding: The Plan's member handbook does not match the DHCS approved template.

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 Directory posted to the Plan's website did not include all DMC-ODS providers within the Plan's network.

CD 8.49:

Intergovernmental Agreement Exhibit A, Attachment I, III, F, 3, x

- i. Have a 24/7 toll free number for prospective beneficiaries to call to access DMC-ODS services and make oral interpretation services available for beneficiaries, as needed.

Finding: The Plan's access line is non-compliant. Two calls were made to the Access Line. Both calls are determined not to be in compliance.

Call 1 - Completed on 2/21/2020 at 3:09 p.m.: Call was answered quickly and the employee was helpful describing the services available. Beneficiaries in crisis are referred to closest emergency room for care. The employee stated a beneficiary could not walk into a provider's facility and assessed and referred for treatment without an appointment made in advance of the walk-in. The employee was clear, an appointment scheduled in advance, at a specific provider location, was required for an assessment to be completed before a referral for treatment will be made. This appointment requirement is viewed as a barrier to access services.

Call 2 – Completed on 2/25/2020 at 11:22 p.m.: Call was answered quickly and the employee asked questions during the initial screening. When asked for a transfer to a therapist, the employee explained I will be connected to a line where a message can be left. The message would be answered and responded to during normal hours of operation, Monday through Friday 8:30a.m. to 4:30 p.m. The inability to reach staff after hours or on weekends is a barrier to access services.

TECHNICAL ASSISTANCE

Stanislaus County did not request Technical Assistance during this review.