



WILL LIGHTBOURNE
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

August 3, 2020

Sent via e-mail to: nohara@co.sutter.ca.us

Nancy O'Hara, MPA, Director
Sutter and Yuba Behavioral Health Services
446 Second Street
Yuba City, CA 95991

SUBJECT: Annual County Compliance Unit Report

Dear Director O'Hara:

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 Sutter Yuba 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 Sutter Yuba 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.

Sutter Yuba 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 9/3/2020. 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,

BL Counter

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

To: Director O'Hara,

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Lead CCU Analyst: Becky Counter	Date of Review: June 2020
Assisting CCU Analyst(s): N/A	
County: Sutter Yuba	County Address: 446 Second Street Yuba City, CA 95991
County Contact Name/Title: Kristine Hughes / MH Therapist III, Quality Assurance	County Phone Number/Email: (530) 822-7200 x 2309 Khughes@co.sutter.ca.us
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	0
2.0 Beneficiary Services	0
3.0 Service Provisions	0
4.0 Access	0
5.0 Monitoring	2
6.0 Program Integrity	4
7.0 Compliance	1

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.

5.0 MONITORING

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

COMPLIANCE DEFICIENCIES:

CD 5.10:

Exhibit A, Attachment I, Part I, Section 4, B, 1, b

- b) Contractor shall conduct, at least annually, an audit of DMC providers to assure covered services are being appropriately rendered. The annual audit must include an on-site visit of the service provider. Reports of the annual review shall be provided to DHCS's Performance Management Branch at:

Department of Health Care Services
SUD - Program, Policy and Fiscal Division
Performance & Integrity Branch
PO Box 997413, MS-2627
Sacramento, CA 95899-7413

Or by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov

Finding: The County does not ensure monitoring of programmatic requirements. The County did monitor one (1) of three (3) of their service area providers and did not monitor two (2) of their service area providers. The County did submit one (1) monitoring report securely within the 2 weeks of issuance.

CD 5.14:

Exhibit A, Attachment I, Part III, B,

Contractors and subcontractors that provide DMC services shall be responsible for verifying the Medi-Cal eligibility of each month of services prior to billing for DMC services to that client for that month. Medi-Cal eligibility verification shall be performed prior to rendering service, in accordance with and as described in DHCS' DMC Provider Billing Manual. Options for verifying the eligibility of a Medi-Cal beneficiary described in the DHCS' DMC provider Billing Manual.

Finding: The County does not ensure service area providers are verifying DMC eligibility for each beneficiary, for each month of service.

6.0 PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCIES:

CD 6.16:

Exhibit A, Attachment I, Part I, Section 1, B

B. It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

22 CCR 51341.1(h)(7)

7. Except where share of cost, as defined in Section 50090, is applicable, providers shall accept proof of eligibility for Drug Medi-Cal as payment in full for treatment services rendered. Providers shall not charge fees to a beneficiary for access to Drug Medi-Cal substance use disorder services or for admission to a Drug Medi-Cal Treatment slot.

22 CCR § 50090.

Share of cost means a person's or family's net income in excess of their maintenance need that must be paid or obligated toward the cost of health care services before the person or family may be certified and receive Medi-Cal cards.

Finding: The County does not ensure subcontracted providers are accepting proof of DMC eligibility as payment in full for drug treatment services.

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 does not ensure that all DMC Medical Directors are aware of and are meeting their requirements. The County provided a copy of the written roles and responsibilities for the Medical Director of Aegis Treatment Centers; however, 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.

The County does not ensure that all DMC Medical Directors are aware of and are meeting their requirements. The County did provide a copy of the written roles and responsibilities for the Medical Director of Midvalley Recovery Facility; however, 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.

The County does not ensure that all DMC Medical Directors are aware of and are meeting their requirements. The County did provide a copy of the written roles and responsibilities for the Medical Director of Sutter Yuba Behavioral Health; however, 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.
- 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.

The County does not ensure that all DMC Medical Directors are aware of and are meeting their requirements. The County did not provide a copy of the written roles and responsibilities for the Medical Director of First Steps. 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 for Midvalley Recovery Facility. The Code of Conduct for Medical Directors did not include the following requirements:

- Providing services beyond scope.
- 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.
- Cooperate with complaint investigations.
- Shall be clearly documented, signed and dated by a provider representative and physician.

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

- Use of drugs and/or alcohol.
- 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.
- Cooperate with complaint investigations.
- Shall be clearly documented, signed and dated by a provider representative.

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

- Use of drugs and/or alcohol.
- 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.
- Cooperate with complaint investigations.
- Shall be clearly documented, signed and dated by a provider representative.

The Code of Conduct for Medical Directors with Progress House did not include the following requirements:

- 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.
- Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff.
- Protection beneficiary confidentiality.
- 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 reports are non-compliant:

- Open Admissions Report.
- Open Providers Report.

7.0 COMPLIANCE

During the SFY 2019-20 review, the following CAP with the following CD was discussed and is still outstanding.

State Fiscal Year: 18-19

CD #: New Requirement (NR) 9.65

Finding: The County must ensure that all DMC programs have medical policies and standards developed and approved by the program medical director.

Reason for non-clearance of CD: No response provided.

County plan to remediate: Sutter Yuba County's response was this was completed and submitted via email on 5/8/19, although based on the information received during the Internal Compliance request with the DMC liaison this compliance deficiency remains outstanding.

Original expected date of completion: 10/1/2019

Updated/ revised date of completion: Sutter Yuba County responded this was completed and submitted via email to DMC Liaison on 7/1/20. According to the notes from the DMC Liaison, Sutter-Yuba has submitted various documentation for their SUD Programs, which confirm that the medical director's responsibility includes developing medical policies for the program; however, the actual medical policies have not been submitted for Sutter Yuba, Midvalley Recovery, First Steps and Aegis. We can only resolve the CD after the medical policies developed by the medical director for these programs are submitted.

TECHNICAL ASSISTANCE

Sutter Yuba County did not request technical assistance for FY 2019-20.