

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



GAVIN NEWSOM GOVERNOR

May 5, 2022

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

Rick Bingham, Assistant Director Sutter Yuba County Health & Human Services 446 Second Street Yuba City, CA 95991

SUBJECT: Annual DMC State Plan County Compliance Unit Findings Report

Dear Asst. Director Bingham:

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 2021-22 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/Provider Operations and Monitoring Branch (CPOMB) liaison by 7/5/2022. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CPOMB analyst at <u>MCBHDMonitoring@dhcs.ca.gov</u>.

If you have any questions or need assistance, please contact me at becky.counter@dhcs.ca.gov.

Sincerely,

Becky Counter (916) 713-8567

> 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: Asst. Director Bingham,
- CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief Ayesha Smith, Audits and Investigations, Behavioral Health Compliance Unit Chief Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief Cindy Berger, Audits and Investigations, Provider Compliance Unit Chief Sergio Lopez, County/Provider Operations Monitoring Section I Chief <u>MCBHDMonitoring@dhcs.ca.gov</u>, County/Provider Operations and Monitoring Branch Phillip Hernandez, Program Manager, SUDS, Sutter Yuba County Xay Chue, Quality Assurance Therapist, SUDS, Sutter Yuba County Melissa Clavel, Quality Assurance Officer, Sutter Yuba County

# **COUNTY REVIEW INFORMATION**

### County:

Sutter Yuba

### **County Contact Name/Title:**

Xay Chue/Quality Assurance Therapist

#### **County Address:**

446 Second Street Yuba City, CA 95991

#### **County Phone Number/Email:**

(530) 491-8728 xchue@co.sutter.ca.us

# Date of Review:

3/29/2022

Lead CCU Analyst: Becky Counter

# Assisting CCU Analyst: N/A

Report Prepared by: Becky Counter

#### **Report Approved by:**

Ayesha Smith

### **REVIEW SCOPE**

- I. Regulations:
  - a. California Code of Regulations, Title 22, section 51341.1, 51490.1 and 51516.1 Drug Medi-Cal Substance Use Disorder Services
  - b. California Code of Regulations, Title 9, Division 4: Department of Alcohol and Drug Programs
  - c. Health and Safety Code, Division 10.5, Section 11750 11970: Alcohol and Drug Programs
  - d. Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Sections 14021.51-14021.53 and 14124.20-14124.25: Basic Health Care – Drug Medi-Cal Treatment Program
- II. Program Requirements:
  - a. Fiscal Year (FY) 2020-21 State-County Contract, herein referred to as State County Contract
  - b. Fiscal Year (FY) 2021-22 State-County Contract, herein referred to as State County Contract
  - c. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
  - d. Behavioral Health Information Notices (BHIN)

# ENTRANCE AND EXIT CONFERENCE SUMMARIES

#### Entrance Conference:

An Entrance Conference was conducted via WebEx on 3/29/2022. The following individuals were present:

- Representing DHCS: Becky Counter, Associate Governmental Program Analyst (AGPA)
- Representing Sutter Yuba County: Phillip Hernandez, Program Manager, SUDS Melissa Clavel, Quality Assurance Officer Xay Chue, Quality Assurance Therapist John Floe, Program Manager Community Services, SUD Prevention Tara Cole, Administrative and Accounting Supervisor Tammy Quinn, Prevention Services Coordinator Janet Benzel, Accounting Clerk III Rudy Rodriguez, Prevention and Early Intervention Coordinator

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of review process
- Overview of services provided

#### Exit Conference:

An Exit Conference was conducted via WebEx on 3/29/2022. The following individuals were present:

- Representing DHCS: Becky Counter, AGPA
- Representing Sutter Yuba County: Phillip Hernandez, Program Manager, SUDS Melissa Clavel, Quality Assurance Officer Xay Chue, Quality Assurance Therapist John Floe, Program Manager Community Services, SUD Prevention Tara Cole, Administrative and Accounting Supervisor Tammy Quinn, Prevention Services Coordinator Janet Benzel, Accounting Clerk III Rudy Rodriguez, Prevention and Early Intervention Coordinator

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

# SUMMARY OF FY 2021-22 COMPLIANCE DEFICIENCIES (CD)

### Section

### Number of CD's

1.0	Administration	1
2.0	Covered Services	0
3.0	DMC Certification & Continued Certification	2
4.0	Monitoring	1
5.0	General Provisions	0

# **CORRECTIVE ACTION PLAN (CAP)**

Pursuant to the <u>State County Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 6 a-b</u> each CD identified must be addressed via a CAP. The CAP is due within sixty (60) calendar days of the date of this monitoring report.

Please provide the following within the completed FY 2021- 22 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 CPOMB analyst will monitor progress of the CAP completion.

# Category 1: ADMINISTRATION

A review of the County's services, contracts, and training was conducted to ensure compliance with applicable regulations and standards. The following deficiency in regulations, standards or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### CD 1.2:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part II, S, 1 a

S. Nondiscrimination Notice, Nondiscrimination Statement, and Taglines

- The Contractor shall post a DHCS-approved nondiscrimination notice and language taglines in at least the top 16 non-English languages in the State (as determined by DHCS), as well as large print, explaining the availability of free language assistance services, including written translation and oral interpretation to understand the information provided, and the toll-free and TTY/TOY telephone number of the Contractor's member/customer service unit, as follows:
  - a. In all conspicuous physical locations where the Contractor interacts with the public.

**Findings:** The County did not provide evidence demonstrating the posting of a DHCS-approved nondiscrimination notice and language taglines in conspicuous physical locations where interactions with the public occur.

# **Category 3: DMC CERTIFICATION & CONTINUING CERTIFICATION**

A review of the County's certification and re-certification was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiencies in regulations, standards or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### CD 3.1:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 3, A, 3

3. The Contractor shall require that providers of perinatal DMC services are properly certified to provide these services and comply with the requirements contained in Title 22, Section 51341.1, Services for Pregnant and Postpartum Women.

**Findings:** The County did not provide evidence demonstrating providers of perinatal DMC services comply with the requirements contained in Title 22, Section 51341.1, Services for Pregnant and Postpartum Women. The following requirements are missing, specifically:

- Any of the substance use disorder services listed in Subsection (d) shall be reimbursed at enhanced perinatal rates pursuant to Section 51516.1(a)(3) only when delivered by providers who have been certified pursuant to Section 51200 to provide perinatal Medi-Cal services to pregnant and postpartum women;
- Only pregnant and postpartum women are eligible to receive residential substance use disorder services;
- Perinatal services shall address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and development of parenting skills; and
- Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).

#### CD 3.4:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part V, Section 4, B, 1, 2, b

a) During the monthly status check, the Contractor shall monitor for a triggering recertification event (including but not limited to; change in ownership, change in scope of services, remodeling of facility, or change in location) and report any triggering events to DHCS' Provider Enrollment Division at <u>DHCSDMCRECERT@dhcs.ca.gov</u> within five business days of notification or discovery.

**Findings:** The County did not provide evidence demonstrating a process to notify DHCS within (5) days of notification or discovery regarding triggering recertification events.

# Category 4: MONITORING

A review of the County's monitoring and program integrity was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiency in regulations, standards or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### CD 4.2:

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 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) <u>Minimum Quality Drug Treatment Standards, Document 2F(a)</u>

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.

#### Document 2F(a), A, 3

- 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 beneficiary's;
    - 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.

#### Document 2F(a), A, 5

- 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.

**Findings**: The County did not provide evidence demonstrating the Code of Conduct for Sutter Yuba County's Medical Director, Dr. Singh, includes all required elements. The following required element is missing, specifically:

• Signed and dated by a provider representative.

The County did not provide evidence demonstrating the subcontractor's Medical Director for Granite Wellness # 585886 had a Code of Conduct.

# **TECHNICAL ASSISTANCE**

Sutter Yuba County did not request Technical Assistance for FY 21-22.