

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



GAVIN NEWSOM GOVERNOR

August 30, 2021

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

Rick Bingham, Assistant Director Sutter County Health & Human Services 1965 Live Oak Blvd. 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 2020-21 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 11/1/2021. 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 katrina.beedy@dhcs.ca.gov.

Sincerely,

Katrina Beedy

Katrina Beedy (916) 713-8811

> 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 Rick 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 Mayumi Hata, Medi-Cal Behavioral Health Division, County/Provider Operations and Monitoring Branch Chief <u>MCBHDMonitoring@dhcs.ca.gov</u>, County/Provider Operations and Monitoring Branch Melissa Clavel, Quality Assurance Officer, Sutter-Yuba County Kristine Hughes, Mental Health Therapist III, Sutter-Yuba County Phillip Hernandez, Program Manager, SUD Clinical Services, Sutter-Yuba County

COUNTY REVIEW INFORMATION

County:

Sutter Yuba

County Contact Name/Title:

Melissa Clavel/Quality Assurance Officer

County Address:

1965 Live Oak Blvd. Yuba City, CA 95991

County Phone Number/Email:

mclavel@co.sutter.ca.us 530-822-7200 x 2200

Date of Review:

7/21/2021

Lead CCU Analyst: Katrina Beedy

Assisting CCU Analyst:

N/A

Report Prepared by:

Katrina Beedy

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. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
 - c. Behavioral Health Information Notices (BHIN)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An Entrance Conference was conducted via WebEx on 7/21/2021. The following individuals were present:

- Representing DHCS: Katrina Beedy, Associate Governmental Program Analyst (AGPA)
- Representing Sutter Yuba County:

Rick Bingham, Assistant Director, Sutter County Health and Human Services Phillip Hernandez, Program Manager, SUD Clinical Services John Floe, Program Manager, Community Services Rudy Rodriguez, Prevention Early Intervention Services Coordinator Stacy Lee, SUDS Supervisor Tammy Quinn, SUDS Prevention Services Coordinator Ethan Gutierrez, Administrative Services Officer TJ Guraya, Administrative & Accounting Supervisor Kristine Hughes, Mental Health Therapist III

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the review process

Exit Conference:

An Exit Conference was conducted via WebEx on 7/21/2021. The following individuals were present:

- Representing DHCS: Katrina Beedy, AGPA Kathryn Sears, Staff Services Manager I (SSM I)
- Representing Sutter Yuba County: Rick Bingham, Assistant Director, Sutter County Health and Human Services Phillip Hernandez, Program Manager, SUD Clinical Services John Floe, Program Manager, Community Services Rudy Rodriguez, Prevention Early Intervention Services Coordinator Stacy Lee, SUDS Supervisor Tammy Quinn, SUDS Prevention Services Coordinator Ethan Gutierrez, Administrative Services Officer TJ Guraya, Administrative & Accounting Supervisor Kristine Hughes, Mental Health Therapist III

During the Exit Conference, the following topics were discussed:

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

SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)

Section

Number of CD's

1.0	Administration	0
2.0	Covered Services	0
3.0	DMC Certification & Continued Certification	2
4.0	Monitoring	3
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, 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 2020- 21 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 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, 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) Minimum Quality Treatment Standards, Document 2F(a)

Findings: The County's subcontracts do not require that providers comply with the Minimum Quality Drug Treatment Standards (MQDTS) for DMC.

CD 3.4:

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

- a) The Contractor shall, on a monthly basis, monitor the status of all subcontractors to ensure they maintain active enrollment in the DMC program. Any subcontractor that surrenders its certification or closes its facility shall be reported by the Contractor to DHCS' Provider Enrollment Division at <u>DHCSDMCRECERT@dhcs.ca.gov</u> within five business days of notification or discovery.
- b) 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 does not have a process to monitor subcontractors for a triggering recertification event on a monthly basis.

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 deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 4.1:

State Plan DMC Contract, 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, Division 9, Part 3, Chapter 7, Sections 14000, *et seq.*, in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, and Article 1.3, Sections 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 Regulations (hereinafter referred to as Title 9).

22 CCR § 51341.1 (b) (28) (A) (i) (f) (iii)

(A) For outpatient drug free, day care habilitative, perinatal residential and naltrexone treatment services programs the following shall apply:

- (i) The substance use disorder medical director's responsibilities shall at a minimum include all of the following
 - (f) Ensure that provider's physicians are adequately trained to perform diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries and perform other physician duties, as outlined in this section.
 - (iii) A substance use disorder medical director shall receive a minimum of five (5) hours of continuing medical education in addiction medicine each year.

Findings: The County did not provide evidence that a subcontractor's Medical Director received the annual five (5) hours of continuing medical education in addiction medicine.

CD 4.4

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 4, B, 1, a-b

- 1. Program Integrity: The Contractor is responsible for ensuring program integrity of its services and its subcontractors through a system of oversight, which shall include at least the following:
 - a) Compliance with state and federal law and regulations, including, but not limited to, 42 CFR 433.51, 42 CFR 431.800 et seq., 42 CFR 440.230, 42 CFR 440.260, 42 CFR 455 et seq., 42 CFR 456 et seq., 42 CFR 456.23, 22 Cal. Code Regs. 51490, 22 Cal. Code Regs. 51490.1, 22 Cal. Code Regs. 51159, WIC 14124.1, WIC 14124.2, 42 CFR 438.320, 42 CFR 438.416, 42 CFR 438.10, and 42 CFR 438.206.
 - b) The Contractor shall conduct, at least annually, a programmatic and utilization review of DMC providers to assure covered services are being appropriately rendered. The annual review shall include an on-site visit of the DMC provider. Reports of the annual review shall be provided to the Medi-Cal Behavioral Health Division (MCBHD) at:

DHCS

Medi-Cal Behavioral Health Division 1500 Capitol Avenue, MS# 2623 Sacramento, CA 95814

Or by secure, encrypted email to: <u>MCBHDMonitoring@dhcs.ca.gov</u>

The review reports shall be provided to DHCS within two weeks of completion by the Contractor.

Technical assistance is available to counties from DHCS' MCBHD.

Finding: The County did not provide evidence it conducts an audit of all DMC providers at least annually to assure services are being appropriately rendered.

• The County monitored zero (0) of ten (10) DMC providers and did not submit audit reports of these annual reviews to DHCS.

CD 4.5

State Plan DMC Contract, Exhibit A, Attachment I, Part 1, Section 4, B, 3, a-d

- 3. Program Complaints
 - a) Report suspected Medi-Cal Fraud online: <u>https://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx</u> By email: <u>fraud@dhcs.ca.gov</u> By phone: 1-800-822-6222
 - b) All complaints received by the Contractor regarding a DMC provider shall be forwarded to MCBHD within two business days as follows:

DMC provider complaints are to be submitted to:

DHCS Medi-Cal Behavioral Health Division 1500 Capitol Avenue, MS# 2623 Sacramento, CA 95814

c) Complaints for licensed, adult alcoholism or drug abuse recovery or treatment facilities, or Alcohol and/or Other Drug (AOD) Certified Treatment Facilities shall be addressed to:

Department of Health Care Services Licensing and Certification Division P.O Box 997413., MS# 2601 Sacramento, CA 95899-7413

Email: <u>SUDcomplaints@dhcs.ca.gov</u>

Public Number: (916) 322-2911 Toll Free Number: (877) 685-8333

The Complaint Form is available and can be submitted online at: http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx.

d) The Contractor shall be responsible for investigating complaints and providing the results of all investigations to DHCS by secure, encrypted e-mail to:
<u>MCBHDmonitoriing@dhcs.ca.gov</u> within two business days of completion.

Findings: The County did not provide evidence it has a process for providing the results of all complaint investigations to DHCS.

• The County submitted zero (0) of one (1) complaint investigations secure and encrypted to DHCS.

TECHNICAL ASSISTANCE

DHCS's County Compliance Unit Analyst made referrals to the DHCS' CPOMB County Liaison for the technical assistance question identified below:

DMC Certification & Continued Certification: Question 3.4 -The County is not aware of the best evidence to provide compliance with this item. Please provide examples of how we could show compliance with this question.