



RICHARD FIGUEROA
ACTING DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

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Sent via e-mail to: JaymeBottke@tchsa.net

Jayme Bottke, Asst. Executive Director- Programs
Tehama County Health Services Agency Behavioral Health
P.O. Box 400
Red Bluff, CA 96080

SUBJECT: Annual County Compliance Unit Report

Dear Director Bottke:

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 Tehama 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 Tehama 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.

Tehama 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 2/28/2020. 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,

Becky Counter
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becky.counter@dhcs.ca.gov

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Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
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Distribution:

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MCBHDMonitoring@dhcs.ca.gov, County and Provider Monitoring Unit
Adam Zuccato, Tehama County Supervisor

Lead CCU Analyst: Becky Counter Assisting CCU Analyst(s): N/A	Date of Review: 1/8/2020 - 1/9/2020
County: Tehama	County Address: 1850 Walnut St. Suite G Red Bluff, CA 96080
County Contact Name/Title: Jayme Bottke, Asst. Executive Director	County Phone Number/Email: (530) 527-8491 Jayme.Bottke@tchsa.net
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)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 1850 Walnut Street, Suite G., Red Bluff, CA 96080 on 1/8/2020. The following individuals were present:

- Representing DHCS:
Becky Counter, Associate Governmental Program Analyst (AGPA)
- Representing Tehama County:
Melissa Williams, Business Operations Supervisor
Adam Zuccato, Supervisor
Jayme Bottke, Asst. Executive Director (Interim)
Blanca Maciel, Office Assistant III

During the Entrance Conference the following topics were discussed:

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

Exit Conference:

An exit conference was conducted at 1850 Walnut Street, Suite G., Red Bluff, CA 96080 on 1/9/2020. The following individuals were present:

- Representing DHCS:
Becky Counter, AGPA
- Representing Tehama County:
Melissa Williams, Business Operations Supervisor
Adam Zuccato, Supervisor
Jayme Bottke, Asst. Executive Director (Interim)
Blanca Maciel, Office Assistant III
Bianca Wilburn, Compliance Officer

During the Exit Conference the following topics were discussed:

- Review of Compliance Deficiencies
- Follow-Up Deadlines

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	0
6.0 Program Integrity	1
7.0 Compliance	8

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.

6.0 PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCY:

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

COMPLIANCE

During the SFY 2019-20 review, the following CAPs with CDs/NRs were discussed and are still outstanding.

State Fiscal Year: 18/19

NR #: 9.42

Finding: The County must develop a clearly written statement notifying sub-contracted DMC providers of the No Unlawful Use or Unlawful Use of Messages Regarding Drugs.

Reason for non-clearance of CD: Tehama County does not have any subcontracted DMC providers.

County plan to remediate: 7/30/10: County has included this language in all Provider Contracts.

Original expected date of completion: 8/2/19

Updated/ revised date of completion: Tehama County has a Policy and Procedure on No Unlawful Use or Unlawful Use of Messages Regarding Drugs. County was prompted to send this information to their assigned DMC liaison for review and possible resolution.

State Fiscal Year: 18/19

NR #: 9.43

Finding: The County must retain records for ten years for each service rendered.

Reason for non-clearance of CD: This CD was listed as a duplicate to 9.42 in the County's CAP, so no applicable answer was provided.

County plan to remediate: No response provided due to the lack of clarity documented on the county's CAP.

Original expected date of completion: No date was provided.

Updated/ revised date of completion: Tehama County shared that they retain records for ten years for each service rendered.

State Fiscal Year: 18/19

NR #: 9.45

Finding: The County must develop assessment and referral procedures for all of the above required DMC covered services.

Reason for non-clearance of CD: 7/30/19: County is currently working on developing these procedures as County is implementing a new Electronic Health Record system.

County plan to remediate: Tehama County provided a copy of the County's assessment and Referral procedures.

Original expected date of completion: 12/31/19

Updated/ revised date of completion: The County was prompted to send this policy and procedure to their assigned DMC liaison for review and possible resolution.

State Fiscal Year: 18/19

NR #: 9.46

Finding: The County must comply with the following requirements for Naltrexone treatment:

- Has a confirmed, documented history of opiate addiction
- Is at least (18) years of age
- Is opiate free
- Is not pregnant

Reason for non-clearance of CD: 7/30/19: County has developed a P&P for Medication Assisted Treatment (MAT) which includes Naltrexone / Vivitrol treatment. The Policy is attached. Naltrexone requirements can be found on page 9 (I-1b) and page 2 (B-2).

State Response 9/3/19 DHCS – County Plan Not Accepted. The P&P does not meet this requirement. The P&P needs to include all of the highlighted bullet points. Therefore, please update the County Response with a plan to resolve this CD and update the Expected Date of Completion.

County plan to remediate: County requested a copy of the CAP so that this response could be resubmitted for review and CAP approval.

Original expected date of completion: 8/2/19

Updated/ revised date of completion: County was sent a copy of the FY 18/19 CAP and state follow up letter.

State Fiscal Year: 18/19

NR #: 9.47

Finding: The County must develop a monitoring process for DMC program requirements.

Reason for non-clearance of CD: 7/30/19: County does not currently submit DMC claims. County is in the development stage of creating a DMC program monitoring process.

County plan to remediate: Tehama County is working to obtain AVATAR, an Electronic Health Record within the county.

Original expected date of completion: 3/15/20

Updated/ revised date of completion: No update was provided.

State Fiscal Year: 18/19

NR #: 9.48

Finding: The County must comply with the Minimum Quality Drug Treatment Standards for DMC.

Reason for non-clearance of CD: 7/30/19: County is complying and working to maintain compliance with all the Minimum Quality Drug Treatment Standards (MQDTS).

County plan to remediate: Tehama County provided an updated monitoring tool with the MQDTS included.

Original expected date of completion: 8/2/19

Updated/ revised date of completion: The County was prompted to send the updated monitoring tool to the DMC liaison for review and possible resolution.

State Fiscal Year: 18/19

NR #: 9.58

Finding: The County must review and verify that claims submitted were accurate and legitimate.

Reason for non-clearance of CD: 07/30/19: County does not currently submit DMC claims however County has a review and verification process for all Medi-Cal claims submitted for Mental Health and SUD will adopt those processes.

County plan to remediate: No additional information provided.

Original expected date of completion: 8/2/19

Updated/ revised date of completion: No additional information provided.

State Fiscal Year:

NR #: 9.59

Finding: The County must develop a process to notify the Master Provider File Team within two business days of notification or discovery of subcontractors' contract termination.

Reason for non-clearance of CD: 7/31/19: County will develop a procedure for notifying the Master Provider Team of when a subcontractor is terminated.

County plan to remediate: Tehama County does not have any subcontracted providers.

Original expected date of completion: 11/29/19

Updated/ revised date of completion: No additional information provided.

TECHNICAL ASSISTANCE

Tehama County did not request technical assistance for FY 2019/20.