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



GAVIN NEWSOM
GOVERNOR

October 19, 2021

Sent via e-mail to: DOrtiz@tularehhsa.org

Donna Ortiz, Director
Tulare County Health and Human Services
5957 South Mooney Boulevard
Visalia, CA 93277

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Ortiz:

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 Tulare 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 Tulare County's State Fiscal Year 2020-21 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Tulare 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/Provider Operation and Monitoring Branch (CPOMB) Analyst by 12/20/2021. Please use the enclosed CAP form and submit the completed the CAP and supporting documentation via email to the CPOMB liaison at MCBHDMonitoring@dhcs.ca.gov.

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

Sincerely,

Emanuel Hernandez
Emanuel Hernandez
(916) 713-8667

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 Ortiz,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief
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Monitoring Branch Chief
MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Chandler Bailey, Tulare County Staff Services Analyst II

COUNTY REVIEW INFORMATION

County:

Tulare

County Contact Name/Title:

Michelle Reynoso/Tulare County Quality Improvement SUD Managed Care Unit Manager

County Address:

5957 South Mooney Boulevard
Visalia, CA 93277

County Phone Number/Email:

559-624-8000
mreynoso@tularecounty.ca.gov

Date of DMC-ODS Implementation:

06/28/2019

Date of Review:

08/10/2021

Lead CCU Analyst:

Emanuel Hernandez

Assisting CCU Analysts:

N/A

Report Prepared by:

Emanuel Hernandez

Report Approved by:

Ayesha Smith

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. Fiscal Year (FY) 2020-21 Intergovernmental Agreement (IA)
 - 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 08/10/2021. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
- Representing Tulare County:
Chandler Bailey, Tulare County Staff Analyst
Michelle Trigleth, Tulare County Licensed Social Worker
Gilberto Rivas, Tulare County Quality Division Manager
Michelle Reynoso, Tulare County Unit Manager
Rosa Sanchez, Tulare County Administrative Specialist
Liz Mason, Tulare County Mental Health Clinic Manager
Omar De Leon, Tulare County Prevention Services Coordinator
Karen Bootz, Tulare County Administrative Specialist

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process
- Tulare County overview of services

Exit Conference:

An Exit Conference was conducted via WebEx on 08/10/2021. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez
- Representing Tulare County:
Chandler Bailey, Tulare County Staff Analyst
Michelle Trigleth, Tulare County Licensed Social Worker
Gilberto Rivas, Tulare County Quality Division Manager
Michelle Reynoso, Tulare County Unit Manager
Rosa Sanchez, Tulare County Administrative Specialist
Liz Mason, Tulare County Mental Health Clinic Manager
Omar De Leon, Tulare County Prevention Services Coordinator
Karen Bootz, Tulare County Administrative Specialist

During the Exit Conference, the following topics were discussed:

- Review of compliance deficiencies
- Follow up deadlines

SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>	<u>Number of CD's</u>
1.0 Availability of DMC-ODS Services	3
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	3
4.0 Access and Information Requirements	0
5.0 Beneficiary Rights and Protections	0
6.0 Program Integrity	1

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part III, Section KK, 2, i 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) The name of the person who will be responsible for corrections and ongoing compliance.

The CPOMB liaison will monitor progress of the CAP completion.

Category 1: AVAILABILITY OF DMC-ODS SERVICES

A review of the administrative trainings, policies and procedures was conducted to ensure compliance with applicable regulations, and standards. The following deficiencies in availability of DMC-ODS services were identified:

COMPLIANCE DEFICIENCIES:

CD 1.2.1:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 5, i, a, i-ii

- i. The Contractor shall implement written policies and procedures for selection and retention of network providers and the implemented policies and procedures, at a minimum, meet the following requirements:
 - a. Credentialing and re-credentialing requirements.
 - i. The Contractor shall follow the state's established uniform credentialing and re-credentialing policy that addresses behavioral and substance use disorders, outlined in DHCS Information Notice 18-019.
 - ii. The Contractor shall follow a documented process for credentialing and re-credentialing of network providers.

MHSUDS Information Notice: 18-019

Attestation: For all network providers who deliver covered services, each provider's application to contract with the Plan must include a signed and dated statement attesting to the following:

1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
2. A history of loss of license or felony conviction;
3. A history of loss or limitation of privileges or disciplinary activity;
4. A lack of present illegal drug use; and
5. The application's accuracy and completeness.

Findings: The Plan did not provide three (3) requested credentialing attestations forms from each of the following providers with all the required elements:

Central Valley Recovery Services, David Anderson, did not contain the following required elements:

- Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
- A history of loss of license or felony conviction;
- A history of loss or limitation of privileges or disciplinary activity;
- A lack of present illegal drug use;
- The application's accuracy and completeness

Turning Point, Teddy Blackman, did not contain any of the required elements:

- Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
- A history of loss of license or felony conviction;
- A history of loss or limitation of privileges or disciplinary activity;
- A lack of present illegal drug use; and
- The application's accuracy and completeness

Visalia Recovery Services, Liz Mason did not contain any of the required elements:

- Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
- A history of loss of license or felony conviction;
- A history of loss or limitation of privileges or disciplinary activity;
- A lack of present illegal drug use;
- The application's accuracy and completeness.

CD 1.3.2:

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.

Findings: The Plan does not ensure all physicians and professional staff receive a minimum of five (5) hours of continuing education related to addiction medicine annually.

CD 1.3.5:

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

Findings: The Plan did not submit evidence of a signed Code of Conduct for the Medical Directors from three (3) subcontracted network providers.

Category 3: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

A review of the practice guidelines, monitoring, and other quality assurance requirements was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in quality assurance and performance improvement were identified:

COMPLIANCE DEFICIENCIES:

CD 3.1.2

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 9, ii

- ii. The Contractor shall disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, a, iv

- ii. The arrangements or procedures shall include the following:
 - a. A compliance program that includes, at a minimum, all of the following elements:
 - iv. A system for training and education for the Compliance Officer, the organization's senior management, and the organization's employees for the Federal and state standards and requirements under this Agreement.

Findings: The Plan does not demonstrate it disseminates practice guidelines to the following:

- All affected providers;
- To beneficiaries, upon request; and
- To potential beneficiaries, upon request.

CD 3.1.3

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 1, iii, c-f

- iii. The Contractor shall comply with the following timely access requirements:
 - c. Make services included in this Agreement available 24 hours a day, 7 days a week, when medically necessary.
 - d. Establish mechanisms to ensure compliance by network providers.
 - e. Monitor network providers regularly to determine compliance.
 - f. Take corrective action if there is a failure to comply by a network provider.

Findings: The Plan did not provide evidence to demonstrate the contractor's compliance in following timely access requirements:

- Make services included in this Agreement available 24 hours a day, 7 days a week, when medically necessary.
- Establish mechanisms to ensure compliance by network providers.
- Monitor network providers regularly to determine compliance.
- Take corrective action if there is a failure to comply by a network provider.

CD 3.2.1

Intergovernmental Agreement Exhibit A, Attachment I, III, OO, 1, i, d

1. Monitoring

- i. The Contractor's performance under this Exhibit A, Attachment I, shall be monitored by DHCS annually during the term of this 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
Medi-Cal Behavioral Health Division
1500 Capitol Avenue, MS-2623
Sacramento, CA 95814

Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 1-2 iv

1. In addition to complying with the subcontractual relationship requirements set forth in Article II.E.8 of this Agreement, the Contractor shall ensure that all subcontracts require that the Contractor oversee and is held accountable for any functions and responsibilities that the Contractor delegates to any subcontractor.
2. Each subcontract shall:
 - iv. Ensure the Contractor monitors the subcontractor's performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

Findings: The Plan did not monitor all county and subcontracted providers for compliance with DMC-ODS programmatic and fiscal requirements. Specifically:

- For FY 2019-20, the Plan monitored six (6) of nineteen Plan and sub-contracted providers for DMC-ODS programmatic and fiscal requirements, and submitted audit reports of these monitoring reviews to DHCS.

Category 6: PROGRAM INTEGRITY

A review of the compliance program, service verification, and fraud reporting was conducted to ensure compliance with applicable regulations and standards. The following deficiency in program integrity was identified:

COMPLIANCE DEFICIENCY:

CD 6.1.4

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, a, vi

- a. A compliance program that includes, at a minimum, all of the following elements:
 - vi. Enforcement of standards through well-publicized disciplinary guidelines.

Findings: The Plan did not provide evidence of enforcement of standards through well-publicized disciplinary guidelines.

TECHNICAL ASSISTANCE

The County did not request any technical assistance.