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Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

July 21, 2022

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

Donna Ortiz, Director
Tulare County Health and Human Services
5957 S. Mooney Blvd.
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 2021-22 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 9/21/2022. Please use the enclosed CAP form and submit the completed 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
(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
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Distribution:

To: Donna Ortiz, Tulare County Health and Human Services Director

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County/Provider Operations and Monitoring Branch
Chandler Bailey, Tulare County SUD Managed Care Staff Services Analyst II
Gilbert Rivas, Tulare County SUD Managed Care Division Manager

COUNTY REVIEW INFORMATION

County:

Tulare

County Contact Name/Title:

Chandler Bailey, Tulare County SUD Managed Care Staff Services Analyst II

County Address:

5957 S. Mooney Blvd.
Visalia, CA 93277

County Phone Number/Email:

559-303-5484
cbailey@tularecounty.ca.gov

Date of DMC-ODS Implementation:

06/28/2019

Date of Review:

06/02/2022

Lead CCU Analyst:

Emanuel Hernandez

Assisting CCU Analyst:

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. Fiscal Year (FY) 2021-22 Intergovernmental Agreement (IA)
 - 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 06/02/2022. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
Suarna Allen, County Provider Operations and Monitoring (CPOM) Unit AGPA
- Representing Tulare County:
Gilbert Rivas, Tulare County SUD Managed Care Division Manager
Chandler Bailey, Tulare County SUD Managed Care Staff Services Analyst II
Omar De Leon Jr., Tulare County SUD Prevention Services Coordinator
Jeff Blackmon, Tulare County SUD Administrative Specialist
Liz Mason, Visalia Adult Integrated Clinic (VAIC) Administrator
Milena Padilla-Nowakowski, Visalia Adult Integrated Clinic (VAIC) Manager

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 06/02/2022. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, AGPA
Suarna Allen, AGPA
- Representing Tulare County:
Gilbert Rivas, Tulare County SUD Managed Care Division Manager
Chandler Bailey, Tulare County SUD Managed Care Staff Services Analyst II
Omar De Leon Jr., Tulare County SUD Prevention Services Coordinator
Jeff Blackmon, Tulare County SUD Administrative Specialist
Liz Mason, Visalia Adult Integrated Clinic (VAIC) Administrator
Milena Padilla-Nowakowski, Visalia Adult Integrated Clinic (VAIC) Manager

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)

<u>Section:</u>	<u>Number of CD's</u>
1.0 Availability of DMC-ODS Services	8
2.0 Coordination of Care	2
3.0 Quality Assurance and Performance Improvement	5
4.0 Access and Information Requirements	4
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, j 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) DHCS' CAP Template used to document process.
- b) A list of action steps to be taken to correct the CD.
- c) The name of the person who will be responsible for corrections and ongoing compliance.
- d) Provide a specific description on how ongoing compliance is ensured
- e) A date of completion for each CD.

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 1.3.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, i, a, i-x

- i. The following requirements shall apply to the Contractor, the provider, and the provider staff:
 - a. Professional staff shall be licensed, registered, certified, or recognized under California scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioners of the Healing Arts (LPHA) include:
 - i. Physician
 - ii. Nurse Practitioners
 - iii. Physician Assistants
 - iv. Registered Nurses
 - v. Registered Pharmacists
 - vi. Licensed Clinical Psychologists
 - vii. Licensed Clinical Social Worker
 - viii. Licensed Professional Clinical Counselor
 - ix. Licensed Marriage and Family Therapists
 - x. Licensed Eligible Practitioners working under the supervision of Licensed Clinicians

Findings: The Plan did not provide evidence demonstrating professional staff employed by Tulare County are supervised under the scope of practice laws related to their license, specifically:

- Physician Assistants (PA);
- Licensed Clinical Social Workers (LCSW); and
- Licensed Marriage and Family Therapists (LMFT).

CD 1.4.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, ii

- ii. Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

Findings: The Plan did not provide evidence demonstrating non-professional staff employed by Tulare County receive appropriate onsite orientation and training prior to performing assigned duties. The Plan did not provide evidence for:

- Two (2) non-professional staff hired by Tulare County during FY 2020-21.

CD 1.4.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iii

- iii. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

Findings: The Plan did not provide evidence demonstrating the monitoring of personnel files to ensure non-professional and professional staff employed by subcontractors have appropriate experience and necessary training at the time of hiring.

The Plan did not provide evidence of monitoring personnel files for two (2) non-professional staff hired by subcontractors during FY 2020-21 from the following network providers:

- Kings View Corporation, provider #545476
- Central Valley Recovery Services, Inc., provider #545527

The Plan did not provide evidence of monitoring personnel files for two (2) professional/licensed staff hired by subcontractors during FY 2020-21 from the following network providers:

- Kings View Corporation, provider #545476
- Central Valley Recovery Services, Inc., provider #545527

CD 1.4.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, ii

- ii. Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

Findings: The Plan did not provide evidence demonstrating non-professional staff employed by subcontractors receive appropriate onsite orientation and training prior to performing assigned duties.

The Plan did not provide evidence of appropriate onsite orientation and training for two (2) non-professional staff hired by subcontractors during FY 2020-21 from the following network providers:

- Kings View Corporation, provider #545476
- Central Valley Recovery Services, Inc., provider #545527

The Plan did not provide evidence of appropriate onsite orientation and training for two (2) professional/licensed staff hired by subcontractors during FY 2020-21 from the following network providers:

- Kings View Corporation, provider #545476
- Central Valley Recovery Services, Inc., provider #545527

CD 1.4.6:

Intergovernmental Agreement Exhibit A, Attachment I, III, GG, 3, i

3. Training to DMC Subcontractors

- i. The Contractor shall ensure that all subcontractors receive training on the DMC-ODS requirements, at least annually. The Contractor shall report compliance with this section to DHCS annually as part of the DHCS County Monitoring process.

Findings: The Plan did not provide evidence demonstrating all subcontractors receive annual training on the DMC-ODS requirements.

CD 1.4.7:

Intergovernmental Agreement Exhibit A, Attachment I, III, GG, 3, ii, a

3. Training to DMC Subcontractors

- ii. The Contractor shall require subcontractors to be trained in the ASAM Criteria prior to providing services.
 - a. The Contractor shall ensure that, at minimum, providers and staff conducting assessments are required to complete the two e-Training modules entitled "ASAM Multidimensional Assessment" and "From Assessment to Service Planning and Level of Care". A third module entitled, "Introduction to The ASAM Criteria" is recommended for all county and provider staff participating in the Waiver. With assistance from the state, counties will facilitate ASAM provider trainings.

Findings: The Plan did not provide evidence demonstrating all subcontractor staff conducting assessments complete two ASAM Criteria e-Training modules prior to providing services.

CD 1.4.8:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iv

- iv. Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.

Findings: The Plan did not provide evidence demonstrating the Central Valley Recovery Services physician received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education for calendar year 2019 for Central Valley Recovery Services physician David Tenn was not provided.

The Plan did not provide evidence demonstrating the Turning Point of Central California, Inc., Visalia Re-Entry physician received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education for calendar year 2019 for Turning Point of Central California, Inc., physician Sandra Holland was not provided
- The continuing medical education for calendar year 2020 for Turning Point of California, Inc., physician Sandra Holland was not provided.

CD 1.4.9:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, v

v. Professional staff (LPHAs) shall receive a minimum of five hours of continuing education related to addiction medicine each year.

Findings: The Plan did not provide evidence demonstrating Tulare County's professional staff (LPHAs) received the annual five (5) hours of continuing education units in addiction medicine. Specifically:

- The Plan submitted continuing education units for one (1) of three (3) County LPHA staff for calendar year 2019.
- The County did not submit continuing education units for Stella Botello for calendar year 2019.
- The County did not submit continuing education units for Sherry Lopez for calendar year 2019.

The Plan did not provide evidence demonstrating Central Valley Recovery Services professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan did not submit continuing education units for three (3) subcontractor LPHA staff for calendar year 2019.
- The Plan submitted continuing education units for one (1) of three (3) subcontractor LPHA staff for calendar year 2020.

The Plan did not provide evidence demonstrating the Turning Point of Central California, Inc., Visalia Re-Entry professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan did not submit continuing education units for three (3) subcontractor LPHA staff for calendar year 2019.
- The Plan did not submit continuing education units for three (3) subcontractor LPHA staff for calendar year 2020.

Category 2: COORDINATION OF CARE

A review of the coordination of care requirements and continuity of care was conducted to ensure compliance with applicable regulations, and standards. The following deficiencies in the coordination of care requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.1.3:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 3, iii, d-f

- d. Share with the Department or other managed care organizations serving the beneficiary, the results of any identification and assessment of that beneficiary's needs to prevent duplication of those activities.
- e. Ensure that each provider furnishing services to beneficiaries maintains and shares, as appropriate, a beneficiary health record in accordance with professional standards.
- f. Ensure that in the process of coordinating care, each beneficiary's privacy is protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E and 42 CFR Part 2, to the extent that they are applicable.

BHIN 20-066

POLICY:

SAMHSA's amendments to Part 2 include, but are not limited to, the following:

- Amended the definition of record to exclude oral information received by non-Part 2 providers from a Part 2 program with the consent of the patient and recorded in the non-Part 2 provider's patient notes.
- Eased the requirement for patient record disclosures to allow patients to designate entities as recipients as well as individuals.
- Revised the language on one of the two allowable Notices to Accompany Disclosure with patient's consent, in order to align the language with the change in the definition of record.
- Expanded the allowable bases for disclosures with written consent for payment or health care operations purposes.
- Expanded upon the circumstances in which a Part 2 program can release records without patient consent in a bona fide medical emergency.

Findings: The Plan did not provide evidence demonstrating County and Subcontractor compliance with the Confidentiality of Alcohol and Drug Abuse Patients Records (42 CFR Part 2, Subparts A-E) provision.

CD 2.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, G, 2

1. In addition to specifying how beneficiaries will transition across levels of acute and short-term SUD care without gaps in treatment, the Contractor shall ensure that beneficiaries have access to recovery supports and services immediately after discharge or upon completion of an acute care stay, with the goal of sustained engagement and long-term retention in SUD and behavioral health treatment.

BHIN 21-020

POLICY:

As part of CalAIM, DHCS is clarifying (1) the allowable components of recovery services, described below; (2) when and how beneficiaries, including justice-involved individuals, may access recovery services; and (3) the availability of recovery services to individuals receiving Medication-Assisted Treatment (MAT). Recovery services may be delivered concurrently with other DMC-ODS services and levels of care as clinically appropriate. Beneficiaries without a remission diagnosis may also receive recovery services and do not need to be abstinent from drugs for any specified period of time.

The service components of recovery services are:

- Individual and/or group outpatient counseling services;
- Recovery Monitoring: Recovery coaching and monitoring delivered in-person, by synchronous telehealth, or by telephone/audio-only;
- Relapse Prevention: Relapse prevention, including attendance in alumni groups and recovery focused events/activities;
- Education and Job Skills: Linkages to life skill services and supports, employment services, job training, and education services;
- Family Support: Linkages to childcare, parent education, child development support services, family/marriage education;
- Support Groups: Linkages to self-help and support services, spiritual and faith-based support;
- Ancillary Services: Linkages to housing assistance, transportation, case management, and other individual services coordination.

Beneficiaries may receive recovery services based on a self-assessment or provider assessment of relapse risk. Beneficiaries receiving MAT, including Narcotic (Opioid) Treatment Program services, may receive recovery services. Beneficiaries may receive recovery services immediately after incarceration regardless of whether or not they received SUD treatment during incarceration. Recovery services may be provided in-person, by synchronous telehealth, or by telephone/audio-only. Recovery services may be provided in the home or the community.

Findings: The Plan did not provide evidence demonstrating beneficiaries have access to recovery supports and services immediately after discharge or upon completion of an acute care stay.

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 3.2.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, AA, 3, iii, a-e

- iii. Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. The Contractor will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews. The required EBPs include:
- a. Motivational Interviewing;
 - b. Cognitive-Behavioral Therapy;
 - c. Relapse Prevention;
 - d. Trauma-Informed Treatment; and
 - e. Psycho-Education.

Findings: The Plan did not provide evidence demonstrating providers have implemented and are utilizing at least two of the required Evidence Based Practices.

The Plan did not provide evidence demonstrating providers are monitored for implementation and utilization of at least two of the required Evidence Based Practices during provider reviews.

CD 3.2.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, i-ii

- i. The SUD 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 written 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 and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, and determine the medical necessity of treatment for beneficiaries.
 - g. Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.
- ii. The SUD Medical Director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.

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 provide evidence demonstrating the written roles and responsibilities for Tulare County's Medical Director, Dr. Love includes all required elements. The following required elements are missing, specifically:

- 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 provider's physicians are adequately trained to perform other physician duties; and
- The SUD Medical Director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.

CD 3.2.4:

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 provide evidence demonstrating the Code of Conduct for Tulare County's Medical Director, Dr. Love included all required elements. The following required element are missing, specifically:

- Signed and dated by the physician;
- Signed and dated by a provider representative;
- Discrimination against beneficiary's or staff;
- Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff; and
- Cooperate with complaint investigations.

The Plan did not provide a Code of Conduct for Central Valley Recovery Services, Inc., New Visions for Woman Medical Director (provider #540003).

The Plan did not provide a Code of Conduct for Turning Point of Central California, Inc., Visalia Re-Entry Center Medical Director (provider #545629).

The Plan did not provide a Code of Conduct for Kings View Corporation Medical Director (provider #545476).

CD 3.2.5:

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 9

9. The Contractor shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs. Monitoring shall occur at least annually.

Findings: The Plan did not provide evidence of the implemented annual mechanism for monitoring the safety and effectiveness of medication practices is under the supervision of a person licensed to prescribe or dispense prescription drugs.

CD 3.4.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 4, i, c-f

- i. The CalOMS-Tx business rules and requirements are:
 - c. 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.
 - d. 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 and reporting requirements.
 - e. 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.
 - f. 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.

Findings: The Plan’s Open Admissions report is not in compliance.

Category 4: ACCESS AND INFORMATION REQUIREMENTS

A review of the access and information requirements for the access line, language and format requirements, and general information was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in access and information requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 4.1.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, II, 1

1. Contractor shall include instructions on record retention and include in any subcontract with providers the mandate to keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to WIC 14124.1 and 42 CFR 438.3(h) and 438.3(u).

WIC 14124.1

Each provider, as defined in Section 14043.1, of health care services rendered under the Medi-Cal program or any other health care program administered by the department or its agents or contractors, shall keep and maintain records of each service rendered under the Medi-Cal program or any other health care program administered by the department or its agents or contractors, the beneficiary or person to whom rendered, the date the service was rendered, and any additional information as the department may by regulation require. Records required to be kept and maintained under this section shall be retained by the provider for a period of 10 years from the final date of the contract period between the plan and the provider, from the date of completion of any audit, or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

Findings: The Plan did not provide evidence demonstrating that records are retained for ten years from the final date of the contract period between the County and the provider from the date of completion of any audit or from the date the service was rendered, whichever is later.

CD 4.1.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, HH, 1

1. The Contractor shall report complaints to DHCS by secure, encrypted e-mail to MCBHDmonitoring@dhcs.ca.gov within two business days of completion.

Findings: The Plan did not provide evidence demonstrating the reporting of complaints to DHCS by secure, encrypted email to MCBHDMonitoring@dhcs.ca.gov within two business days of completion.

CD 4.1.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, HH, 2

1. Complaints for Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities, and counselor complaints may be made by using: The Complaint Form which is available and may be submitted online: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>

Findings: The Plan did not provide evidence demonstrating program complaints received by the County regarding Residential Adult Alcoholism or Drug Abuse Treatment Facilities, and counselor complaints are communicated to DHCS using the online complaint form.

CD 4.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, F, 3, x

- x. Have a 24/7 toll free number for prospective beneficiaries to call to access DMC-ODS services and make oral interpretation services available for beneficiaries, as needed.

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 5

5. The QM Program shall conduct performance-monitoring activities throughout the Contractor's operations. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances.

Findings: A minimum of two test calls were conducted for the Plan's 24/7 toll free number posted on the County's website. The responses to the test calls resulted in a barrier to access DMC-ODS services for prospective beneficiaries calling.

The test calls are summarized below:

Test Call 1: This call was determined to be in compliance. Call was completed during normal business hours on June 1, 2022 at approximately 4:39 pm. Caller requested substance abuse services for a family member in need. The operator was professional, polite, provided clear direction, and attempted to establish eligibility.

Test Call 2: This call was determined to be out of compliance. Call was completed outside of normal business hours on June 2, 2022, at approximately 3:30 am. Caller requested substance abuse services for a family member in need. The operator, Jessica was not prepared and could not articulate the intake process for the potential client in need. She asked caller to call back in the morning. Caller asked if there was a clinician on call in the event of an emergency. Jessica, advised the caller if the person was in distress, she would have the on duty clinician talk to them. She did not attempt to have the caller talk to the clinician or arrange for the family member to talk to the clinician. Jessica advised that she was not able to schedule or make appointments and again, asked that I call back during normal business hours. She was not informative of the process and was dismissive.

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 6.3.1

Intergovernmental Agreement Exhibit A, Attachment I, III, BB, 1

1. **Service Verification.** To assist DHCS in meeting its obligation under 42 CFR 455.1(a)(2), the Contractor shall establish a mechanism to verify whether services were actually furnished to beneficiaries.

Findings: The Plan did not provide evidence demonstrating an established mechanism to verify whether services were actually furnished to beneficiaries.

TECHNICAL ASSISTANCE

Tulare County did not request any technical assistance.