

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



October 18, 2021

Sent via e-mail to: Loretta.Denering@ventura.org

Loretta Denering, Division Chief, Substance Use Services Ventura County Health Care Agency, Behavioral Health Department 1911 Williams Drive, Ste. 200 Oxnard, CA 93036

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Division Chief Denering:

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 Ventura 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 Ventura 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.

Ventura 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 becky.counter@dhcs.ca.gov.

Sincerely,

BLCounter Becky Counter (916) 713-8567

becky.counter@dhcs.ca.gov

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: Division Chief Denering,

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

MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch Courtney Lubell, Ventura County Special Projects Manager

# **COUNTY REVIEW INFORMATION**

# County:

Ventura

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

Courtney Lubell / Special Projects Manager

## **County Address:**

1911 Williams Drive, Ste. 200 Oxnard, CA 93036

# **County Phone Number/Email:**

(805) 981-5453 Courtney.Lubell@ventura.org

## **Date of DMC-ODS Implementation:**

12/1/2018

#### Date of Review:

9/22/2021

# 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. 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 9/22/2021. The following individuals were present:

Representing DHCS:

Becky Counter, Associate Governmental Program Analyst (AGPA) Kionna Howard. AGPA

Representing Ventura County:

Courtney Lubell, Special Projects Manager

Loretta Denering, Substance Use Services (SUS) Division Chief

Kathy Mulford, SUS Senior (Sr.) Manager

Jessica Davis, Substance Use Treatment Services Behavioral Health Manager

Anita Catapusan, DMC-ODS Plan Manager

Ophra Ashur, Compliance Sr. Manager

Chauntrece Washington, Quality Assurance Manager

Sloane Burt, Quality Improvement Manager

Shanna Zanolini, Quality Improvement Senior Program Administrator

Geneveve Zapeda, Clinical Nurse Manager of Quality Assurance Unit- Utilization Review

Dan Hicks, Prevention Services Manager

Lansing Pillsbury, Principal Accountant

Barbara Kramer, Contracts Administrator

Maryza Seal, Contracts Manager

Karen Lee, Quality Assurance Manager

Leisa Donovan, Fiscal Manager

Dani Yomtov, Program Administrator

Narcisa Egan, Assistant Chief Financial Officer

During the Entrance Conference, the following topics were discussed:

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

#### **Exit Conference:**

An Exit Conference was conducted via WebEx on 9/22/2021. The following individuals were present:

 Representing DHCS: Becky Counter, AGPA

Representing Ventura County:

Courtney Lubell, Special Projects Manager

Loretta Denering, Substance Use Services (SUS) Division Chief

Kathy Mulford, SUS Senior (Sr.) Manager

Jessica Davis, Substance Use Treatment Services Behavioral Health Manager

Anita Catapusan, DMC-ODS Plan Manager

Ophra Ashur, Compliance Sr. Manager

Chauntrece Washington, Quality Assurance Manager

Sloane Burt, Quality Improvement Manager

Shanna Zanolini, Quality Improvement Senior Program Administrator

Geneveve Zapeda, Clinical Nurse Manager of Quality Assurance Unit- Utilization Review

Dan Hicks, Prevention Services Manager

Lansing Pillsbury, Principal Accountant

Barbara Kramer, Contracts Administrator

Maryza Seal, Contracts Manager

Karen Lee, Quality Assurance Manager

Leisa Donovan, Fiscal Manager

Dani Yomtov, Program Administrator

Narcisa Egan, Assistant Chief Financial Officer

During the Exit Conference, the following topics were discussed:

- Review of compliance deficiencies
- Follow up deadlines

# **SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)**

	Section:	Number of CD's
1.0	Availability of DMC-ODS Services	0
2.0	Coordination of Care	0
3.0	Quality Assurance and Performance Improvement	2
4.0	Access and Information Requirements	0
5.0	Beneficiary Rights and Protections	0
6.0	Program Integrity	0

# **CORRECTIVE ACTION PLAN (CAP)**

Pursuant to the <u>Intergovernmental Agreement</u>, <u>Exhibit A</u>, <u>Attachment I</u>, <u>Part III</u>, <u>Section KK</u>, <u>2</u>, <u>i</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) 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 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, 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 zero (0) of sixteen Plan and subcontracted providers for DMC-ODS programmatic and fiscal requirements, and did not submit audit reports of the monitoring reviews to DHCS.

#### CD 3.2.2

## 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; and
  - 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.

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

- 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 following CalOMS-Tx report is non-compliant:

• Open Admissions Report

# **TECHNICAL ASSISTANCE**

Ventura County did not request Technical Assistance during the FY 20/21 review.