



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



GAVIN NEWSOM
GOVERNOR

September 17, 2020

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

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

SUBJECT: Annual County Compliance 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 2019-20 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 Monitoring Unit (CMU) Analyst by 10/19/2020. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CMU analyst 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
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emanuel.hernandez@dhcs.ca.gov

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
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Distribution:

To: Division Chief, Denering,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
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Monitoring Branch Chief
MCBHDMonitoring@dhcs.ca.gov, County and Provider Monitoring Unit
Kathy Mulford, Ventura County Senior Behavioral Health Manager

Lead CCU Analyst: Emanuel Hernandez	Date of Review: July 2020
Assisting CCU Analyst(s): N/A	Date of DMC-ODS Implementation: 12/01/18
County: Ventura County Healthcare Agency, Ventura County Behavioral Health Department, Substance Use Services	County Address: 1911 Williams Drive, Oxnard, CA 93036
County Contact Name/Title: Kathy Mulford, Ventura County Senior Behavioral Health Manager	County Phone Number/Email: 805-981-9238 Kathy.Mulford@ventura.org
Report Prepared by: Emanuel Hernandez	Report Approved by: Lanette Castleman

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. State Fiscal Year (SFY) 2019-20 Intergovernmental Agreement (IA)
 - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD's)

Section:	Number of CD's:
1.0 Administration	1
2.0 Member Services	0
3.0 Service Provisions	0
4.0 Access	0
5.0 Coordination of Care	0
6.0 Monitoring	1
7.0 Program Integrity	3
8.0 Compliance	0

CORRECTIVE ACTION PLAN

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part II, Section EE, 2 each CD identified must be addressed via a CAP. The CAP is due within thirty (30) calendar days of the date

of this monitoring report. Advisory Recommendations (AR) 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 and new requirement.
- 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 CMU liaison will monitor progress of the CAP completion.

1.0 ADMINISTRATION

A review of the administrative trainings, policies, and procedures was conducted to ensure compliance with applicable regulations and standards. The following deficiency in administration requirements was identified:

COMPLIANCE DEFICIENCY:

CD 1.6:

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

- 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 signed copies of credentialing attestations from one (1) of the three (3) requested Plan network providers.

6.0 MONITORING

The following deficiency in monitoring was identified:

COMPLIANCE DEFICIENCY:

CD 6.23:

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, iv, a-b

- iv. Beneficiary information required in this section may not be provided electronically by the Contractor unless all of the following are met:
- The format is readily accessible;
 - The information is placed in a location on the Department or the Contractor's website that is prominent and readily accessible.

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xviii, a

- a. The Contractor shall make available in electronic form and, upon request, in paper form, the following information about its network providers:
- The provider's name as well as any group affiliation;
 - Street address(es);
 - Telephone number(s);
 - Website URL, as appropriate;
 - Specialty, as appropriate;
 - Whether the provider will accept new beneficiaries;
 - The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competence training; and
 - Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment.

MHSUDS Information Notice 18-020

- ...the provider directory must also include the following information for each rendering provider:
- Type of practitioner, as appropriate;
 - National Provider Identifier number;
 - California license number and type of license; and,
 - An indication of whether the provider has completed cultural competence training.

The provider directory should also include the following notation (may be included as a footnote); "Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan's provider directory."

Plans may choose to delegate the requirement to list individuals employed by provider organizations to its providers. If the Plan delegates this requirement, the Plan's website must link to the provider organization's website and vice versa. Alternately, the Plan may elect to maintain this information at the county level. Ultimately, the Plan maintains responsibility for monitoring the network provider's compliance with these requirements.

Finding: The providers listed on the Provider Directory did not match all of the DMC-ODS providers listed on the County's MPF.

7.0 PROGRAM INTEGRITY

The following deficiencies in quality regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 7.38:

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

- i. The Contractor, and its subcontractors to the extent that the subcontractors are delegated responsibility by the Contractor for coverage of services and payment of claims under this Agreement, shall implement and maintain arrangements or procedures that are designed to detect and prevent fraud, waste, and abuse.
- i. The arrangements or procedures shall include the following:
 - a. A compliance program that includes, at a minimum, all of the following elements:
 - i. Written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable requirements and standards under the contract, and all applicable Federal and state requirements.
 - ii. The designation of a Compliance Officer who is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of this Agreement and who reports directly to the County Behavioral Health Director and the Board of Supervisors.
 - iii. The establishment of a Regulatory Compliance Committee on the Board of Supervisors and at the senior management level charged with overseeing the organization's compliance program and its compliance with the requirements under this Agreement.
 - 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.
 - v. Effective lines of communication between the compliance officer and the organization's employees.
 - vi. Enforcement of standards through well-publicized disciplinary guidelines.
 - vii. Establishment and implementation of procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements under this Agreement.

Finding: The Plan does not ensure procedures to detect and prevent Fraud, Waste and Abuse are implemented or maintained. The Plan does not ensure procedures to detect and prevent Fraud, Waste and Abuse have the required elements:

- Establishment of a Regulatory Compliance Committee.
- Enforcement of standards through well-publicized disciplinary guidelines.

- Must have procedures for monitoring and auditing for compliance.

CD 7.39:

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

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

Finding: The Plan's Compliance Program does not ensure disciplinary guidelines are established to address fraud, waste and abuse and are well-publicized and communicated to all network providers.

CD 7.44:

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

Finding: The County did not ensure that SUD program Medical Directors have current written roles, responsibilities, and standards. The written Roles and Responsibilities for the Medical Director of Western Pacific is included within the provider contract however, the contract was not fully executed for the 2019-20 fiscal year. The written Roles and Responsibilities provided for the Medical Director of Tarzana Treatment Centers is missing the following criteria:

- Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
- Ensure that physicians do not delegate their duties to non-physician personnel.
- Develop and implement written 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 the medical decisions made by physicians are not influenced by fiscal considerations.

- 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.
- Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.
- Written roles and responsibilities for the Medical Director shall be clearly documented, signed and dated by a provider representative and the physician.

TECHNICAL ASSISTANCE

Ventura County did not request technical assistance for SFY 2019/20.

