



WILL LIGHTBOURNE
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

November 10, 2021

Sent via e-mail to: Ian.Evans@yolocounty.org

Ian Evans
AOD Administrator, Adult & Aging Branch Director
137 N. Cottonwood Street
Woodland, CA 95695

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Evans:

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 Yolo 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 Yolo 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.

Yolo 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 1/10/2022. 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, please contact me at susan.volmer@dhcs.ca.gov.

Sincerely,

Susan Volmer

Susan Volmer
(916) 713-8677

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 Ian Evans,

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MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Amy Leino, Yolo County Behavioral Health Quality Management Supervising Clinician

COUNTY REVIEW INFORMATION

County:

Yolo

County Contact Name/Title:

Ian Evans, AOD Administrator, Adult & Aging Branch Director

County Address:

137 N. Cottonwood Street
Woodland, CA 95695

County Phone Number/Email:

Ian.Evans@yolocounty.org
530-666-8297

Date of Review:

9/29/2021

Lead CCU Analyst:

Susan Volmer

Assisting CCU Analyst:

N/A

Report Prepared by:

Susan Volmer

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 9/29/2021. The following individuals were present:

- Representing DHCS:
Susan Volmer, Associate Government Program Analyst (AGPA)
- Representing Yolo County:
Ian Evans, AOD Administrator, Adult & Aging Branch Director
Mila Green, Adult & Aging Branch Deputy Director, Behavioral Health Quality Management Manager
Julie Freitas, Clinical Manager, SUD, Forensic, & Homeless Services
Glenn Johnson, AOD Program Coordinator
Katherine Barrett, Behavioral Health Compliance Officer
Amy Leino, Behavioral Health Quality Management Supervising Clinician
Sophia Sandoval, Behavioral Health Quality Management Senior Analyst
Sajana Budhathoki, Behavioral Health Quality Management Analyst
Jennifer Gay, Behavioral Health Quality Management Clinician
Erica Brown, Behavioral Health Quality Management Clinician
Steven Jensen, Health Program Manager
Marcie Azevedo, Accountant III
Nicole Jamison, Contracts Unit Supervisor
Fabian Valle, Analyst, MHSA
Tessa Smith, Cultural Competence Coordinator, MHSA
Clint Pyeatt, Program Coordinator, MHSA

During the Entrance Conference, the following topics were discussed:

- Introductions
- Yolo County overview of services
- Overview of monitoring process

Exit Conference:

An Exit Conference was conducted via WebEx on 9/29/2021. The following individuals were present:

- Representing DHCS:
Susan Volmer, AGPA

- Representing Yolo County:
Ian Evans, AOD Administrator, Adult & Aging Branch Director
Mila Green, Adult & Aging Branch Deputy Director, Behavioral Health Quality Management Manager
Julie Freitas, Clinical Manager, SUD, Forensic, & Homeless Services
Glenn Johnson, AOD Program Coordinator
Katherine Barrett, Behavioral Health Compliance Officer
Amy Leino, Behavioral Health Quality Management Supervising Clinician
Sophia Sandoval, Behavioral Health Quality Management Senior Analyst
Sajana Budhathoki, Behavioral Health Quality Management Analyst
Jennifer Gay, Behavioral Health Quality Management Clinician
Erica Brown, Behavioral Health Quality Management Clinician
Steven Jensen, Health Program Manager
Marcie Azevedo, Accountant III
Nicole Jamison, Contracts Unit Supervisor
Fabian Valle, Analyst, MHSA
Tessa Smith, Cultural Competence Coordinator, MHSA
Clint Pyeatt, Program Coordinator, MHSA

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

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	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 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 credentialing attestation forms submitted by the Plan for six (6) of nine (9) current network providers did not contain the following requirements:

- 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.

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: For FY 2019-20, the Plan did not provide evidence for three (3) of six (6) LPHA's from DMC-ODS subcontractors demonstrating required CEUs in addiction medicine.

CD 1.3.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, i, c

- i. The SUD Medical Director's responsibilities shall, at a minimum, include all of the following:
 - c. Develop and implement written medical policies and standards for the provider.

Findings: The Plan does not ensure SUD Medical Directors develop and implement written policies and standards for the provider. Specifically:

- For FY 2019-20, the Plan did not provide evidence the Plan's Medical Director developed and implemented a written medical policy and standard.
- For FY 2019-20, the Plan did not provide evidence that Dr. Kunkle, Medical Director of CommuniCare Health Centers, developed and implemented a written medical policy and standard.

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 **Error! Reference source not found.** 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 fourteen (14) of sixteen (16) Plan and subcontracted providers for DMC-ODS programmatic and fiscal requirements, and submitted audit reports of these monitoring reviews to DHCS.
- The Plan submitted eleven (11) of fourteen (14) DMC-ODS audit reports to DHCS within two weeks of report issuance.

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

1. In addition to complying with the subcontractual relationship requirements set forth in Article **Error! Reference source not found.** 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

Yolo County did not request technical assistance during this review.