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

MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

July 25, 2022

Sent via e-mail to: ian.evans@yolocounty.org

Ian Evans, AOD Administrator/Adult & Aging Branch Director
Yolo County Health and Human Services Agency
137 N. Cottonwood Street, Suite 2500
Woodland, CA 95695

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Administrator 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 2021-22 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 9/26/2022. 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,

Becky Counter
(916) 713-8567

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: Administrator Evans,

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
Cindy Berger, Audits and Investigations, Provider Compliance Unit Chief
Sergio Lopez, County/Provider Operations Monitoring Section I Chief
Tony Nguyen, County/Provider Operations Monitoring Section II Chief
MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Mila Green, Yolo County Deputy Branch Director Adult & Aging
Julie Frietas, Yolo County Clinical Manager for SUD
Sophia Sandoval, Yolo County Quality Management Supervising Analyst

COUNTY REVIEW INFORMATION

County:
Yolo

County Contact Name/Title:
Sophia Sandoval/Quality Management Supervising Analyst

County Address:
137 N. Cottonwood Street, Suite 2500
Woodland, CA 95695

County Phone Number/Email:
(530) 702-0079
sophia.sandoval@yolocounty.org

Date of DMC-ODS Implementation:
7/1/2018

Date of Review:
6/29/2022

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. 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 6/29/2022. The following individuals were present:

- Representing DHCS:
  Becky Counter, Associate Governmental Program Analyst (AGPA)
  Alexandra Clark, AGPA

- Representing Yolo County:
  Ian Evans, AOD Administrator/Adult & Aging Branch Director
  Mila Green, Deputy Branch Director Adult & Aging
  Julie Freitas, Clinical Manager for SUD
  Glenn Johnson, AOD Program Coordinator
  Jennifer Gay, Quality Management Supervising Clinician
  Sophia Sandoval, Quality Management Supervising Analyst
  Timothy Tormey, Quality Management Clinician
  Sajana Budhathoki, Quality Management Analyst
  Caylan McGehee, Quality Management Analyst
  Sylvia Duarte, Fiscal Accountant III

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 6/29/2022. The following individuals were present:

- Representing DHCS:
  Becky Counter, AGPA
  Alexandra Clark, AGPA

- Representing Yolo County:
  Ian Evans, AOD Administrator/Adult & Aging Branch Director
  Mila Green, Deputy Branch Director Adult & Aging
  Julie Freitas, Clinical Manager for SUD
  Glenn Johnson, AOD Program Coordinator
  Jennifer Gay, Quality Management Supervising Clinician
  Sophia Sandoval, Quality Management Supervising Analyst
  Timothy Tormey, Quality Management Clinician
  Sajana Budhathoki, Quality Management Analyst
  Caylan McGehee, Quality Management Analyst

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)

Section:		Number of CD's
1.0	Availability of DMC-ODS Services	3
2.0	Coordination of Care	0
3.0	Quality Assurance and Performance Improvement	1
4.0	Access and Information Requirements	2
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 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 1.2.2:
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 evidence demonstrating all network providers who deliver covered services sign and date a written attestation regarding their credentials.

The Plan did not provide evidence of two (2) completed credentialing attestations for licensed providers employed by Yolo County.

The Plan did not provide evidence of two (2) completed credentialing attestations for licensed providers employed by subcontractors. The completed credentialing attestations were not submitted for the following providers:

- Communicare # 575713 for Shea Garvin, LMFT
- Communicare # 575714 for Sontine Kalba, ACSW and Naesha Wells, APCC
- Turning Point # 575851 for Jennifer Valin, LMFT

The Plan did not provide evidence demonstrating the credentialing attestation form contains the required elements. The missing element not included is:

- A lack of present illegal drug use.

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 Turning Point (provider # 575851) physician, Dr. Bowler, received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education was not submitted for calendar year 2019 or calendar year 2020 for Turning Point's physician, Dr. Bowler.

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 Communicare (provider # 575716) professional staff (LPHAs) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The continuing education units submitted for calendar year 2019 for Sontine Kalba totaled only three (3) hours.

The Plan did not provide evidence demonstrating Turning Point (provider # 575851) professional staff (LPHAs) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan did not submit continuing education units for two (2) of three (3) requested subcontractor LPHA staff for calendar year 2019.
- The Plan did not submit continuing education units for two (2) of three (3) requested subcontractor LPHA staff for calendar year 2020.

The Plan did not provide evidence demonstrating Progress House (provider # 575996) professional staff (LPHAs) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan submitted continuing education units for zero (0) of three (3) subcontractor LPHA staff for calendar year 2019.
- The Plan submitted continuing education units for zero (0) of three (3) subcontractor LPHA staff for calendar year 2020.

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 deficiency in quality assurance and performance improvement was identified:

COMPLIANCE DEFICIENCY:

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 4.1.2:
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.

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 6.1.2:
Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, e

e. Provision for a method to verify, by sampling or other methods, whether services that have been represented to have been delivered by network providers were received by beneficiaries and the application of such verification processes on a regular basis.

Findings: The Plan did not provide evidence demonstrating the application of a verification process where services represented to have been delivered by network providers are verified as being received by beneficiaries.

TECHNICAL ASSISTANCE

Yolo County requested Technical Assistance in Coordination of Care and Access and Information Requirements. DHCS's County Compliance Unit Analyst will make referrals to the DHCS' CPOMB County Liaison for the technical assistance areas identified below:

Coordination of Care: Accurate understanding and implementation of requirement in Q 2.1.2.

Access and Information Requirements: Accurate understanding and implementation of requirement in Q 4.1.2 and 4.1.3.