



WILL LIGHTBOURNE  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

October 14, 2020

Sent via e-mail to: Karen.Larsen@YoloCounty.org

Karen Larsen, LMFT, Mental Health Director  
Yolo County HHSA  
137 N. Cottonwood Street, Suite 2500  
Woodland, CA 95695

SUBJECT: Annual County Compliance Report

Dear Director Larsen:

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 2019-20 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 Monitoring Unit (CMU) Analyst by 11/16/2020. Please use the enclosed CAP form and submit the completed the CAP and supporting documentation via email to the CMU analyst at [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov).

If you have any questions or need assistance, please contact me at [emanuel.hernandez@dhcs.ca.gov](mailto:emanuel.hernandez@dhcs.ca.gov).

Sincerely,

Emanuel Hernandez  
(916) 713-8667  
[emanuel.hernandez@dhcs.ca.gov](mailto:emanuel.hernandez@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: Director Larsen,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief  
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief  
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Monitoring Branch Chief  
[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County and Provider Monitoring Unit  
Ian Evans, LMFT, Yolo County AOD Administrator

<b>Lead CCU Analyst:</b> Emanuel Hernandez	<b>Date of Review:</b> August 2020
<b>Assisting CCU Analyst(s):</b> N/A	<b>Date of DMC-ODS Implementation:</b> 6/30/2018
<b>County:</b> Yolo	<b>County Address:</b> 137 N Cottonwood, Suite 1500; Woodland CA 95695
<b>County Contact Name/Title:</b> Ian Evans, LMFT, Yolo County AOD Administrator	<b>County Phone Number/Email:</b> (530) 666-8297 ian.evans@yolocounty.org
<b>Report Prepared by:</b> Emanuel Hernandez	<b>Report Approved by:</b> 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)**

<b>Section:</b>	<b>Number of CD's:</b>
<b>1.0 Administration</b>	<b>0</b>
<b>2.0 Member Services</b>	<b>0</b>
<b>3.0 Service Provisions</b>	<b>0</b>
<b>4.0 Access</b>	<b>1</b>
<b>5.0 Coordination of Care</b>	<b>0</b>
<b>6.0 Monitoring</b>	<b>2</b>
<b>7.0 Program Integrity</b>	<b>4</b>
<b>8.0 Compliance</b>	<b>1</b>

## 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.
- 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.

## 4.0 ACCESS

The following deficiency in access regulations, standards, or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 4.16:**

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 1, iii, d-f

- iii. The Contractor shall comply with the following timely access requirements:
  - d. Establish mechanisms to ensure compliance by network providers.
  - e. Monitor network providers regularly to determine compliance.
  - f. Take corrective action if there is a failure to comply by a network provider.

**Findings:** The Plan has not established timely access mechanisms to ensure compliance by network providers.

## 6.0 MONITORING

The following deficiencies in monitoring were identified:

### COMPLIANCE DEFICIENCIES:

#### **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:
  - a. The format is readily accessible;
  - b. 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:
  - i. The provider's name as well as any group affiliation;
  - ii. Street address(es);
  - iii. Telephone number(s);
  - iv. Website URL, as appropriate;
  - v. Specialty, as appropriate;
  - vi. Whether the provider will accept new beneficiaries;
  - vii. 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
  - viii. 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.

**Findings:** The Plan did not provide a provider directory containing the required elements:

- Whether the provider will accept new beneficiaries.
- ADA compliant.

**CD 6.25:**

Intergovernmental Agreement Exhibit A, Attachment I, III, OO, 1, i, d

1. Monitoring

- i. Contractor's performance under this Exhibit A, Attachment I, shall be monitored by DHCS annually during the term is the 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  
Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
1500 Capitol Ave., MS 2305  
Sacramento, CA 95814

**Findings:** The Plan did not monitor all county and subcontracted providers for compliance with DMC-ODS programmatic and fiscal requirements. Specifically:

- For SFY 2018-19, the Plan monitored (13) of (16) Plan and sub-contracted providers for DMC-ODS programmatic and fiscal requirements, and submitted audit reports of these monitoring reviews to DHCS.
- The Plan submitted six (6) of (13) DMC-ODS audit reports to DHCS within two weeks of report issuance.

## 7.0 PROGRAM INTEGRITY

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

### COMPLIANCE DEFICIENCIES:

#### **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.

**Findings:** The Plan's Compliance Program does not ensure that 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.

**Findings:** The written roles and responsibilities provided for the SUD program Medical Director of Communicare Health Centers Betzabel Kunkel 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.

**CD 7.45:**

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 7, 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, 7, 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's SUD program Medical Director's signed Code of Conduct for CommuniCare Health Centers, Betzabel Kunkel is missing the following elements:

- Use of drugs and/or alcohol.
- Prohibition of social/business relationship with beneficiaries or their family members for personal gain.
- Prohibition of sexual contact with beneficiaries.
- Conflict of interest.
- Providing services beyond scope.
- Discrimination against beneficiaries or staff.
- Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff.
- Protection of beneficiary confidentiality.
- Cooperate with complaint investigations.
- Shall be clearly documented, signed and dated by a provider representative and the physician.

**CD 7.46:**

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.

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 following CalOMS-Tx report(s) are non-compliant:

- Open Admissions Report
- Open Providers Report

## 8.0 COMPLIANCE

The following program integrity deficiency in regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCY:

#### **CD 8.56**

#### Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 8, ii, v, a

- a. The Contractor agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the Contractor is acting as a clearinghouse for that provider. If the Contractor is a clearinghouse, the Contractor agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

**Findings:** The Plan has not resolved previous deficiencies identified by DHCS in SFY 2018/19, CD 8.58 Medical Director Roles & Responsibilities.

**TECHNICAL ASSISTANCE**

Yolo County did not request any technical assistance for SFY 2019-20.