



RICHARD FIGUEROA  
ACTING DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

February 13, 2020

Sent via e-mail to: [trooney@countyofcolusa.org](mailto:trooney@countyofcolusa.org)

Terence Rooney, PhD, Director  
Colusa County Department of Behavioral Health  
162 E. Carson St.  
Colusa, CA 95932

SUBJECT: Annual County Compliance Unit Report

Dear Director Rooney:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the State Plan Drug Medi-Cal (DMC) Contract operated by Colusa 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 Colusa County's State Fiscal Year 2019-20 State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Colusa County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the Medi-Cal Behavioral Health Division (MCBHD), Plan and Network Monitoring Branch (PNMB), County Monitoring Unit (CMU) Analyst by 3/13/2020. Please use enclosed CAP plan form when completing the CAP. CAP and supporting documentation to be e-mailed to the CMU analyst at [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov).

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

Becky Counter  
(916) 713-8567  
[becky.counter@dhcs.ca.gov](mailto: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: Deputy Director Rooney,

CC: Lanette Castleman, Audit and Investigation, Behavioral Health Compliance Section Chief  
Mayumi Hata, Audit and Investigation, County Compliance Unit Chief  
Janet Rudnick, Audit and Investigation, Provider Compliance Unit Chief  
[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County and Provider Monitoring Unit  
Jeannie Scroggins, LMFT, Colusa County Quality Assurance Coordinator

<b>Lead CCU Analyst:</b> Becky Counter	<b>Date of Review:</b> 2/5/2020
<b>Assisting CCU Analyst(s):</b> N/A	
<b>County:</b> Colusa	<b>County Address:</b> 162 E Carson St Colusa, CA 95932
<b>County Contact Name/Title:</b> Jennifer McAllister	<b>County Phone Number/Email:</b> (530) 458-0520 jmcallister@countyofcolusa.org
<b>Report Prepared by:</b> Becky Counter	<b>Report Approved by:</b> Mayumi Hata

## REVIEW SCOPE

- I. Regulations:
  - a. California Code of Regulations, Title 22, section 51341.1 – Drug Medi-Cal Substance Use Disorder Services
  - b. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
  - c. 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
  - d. 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 State County Contract, herein referred to as State County Contract
  - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
  - c. State Fiscal Year (SFY) 2019-20 Intergovernmental Agreement (IA)

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### Entrance Conference:

An entrance conference was conducted at 162 E Carson St., Colusa, CA 95932 on 2/5/2020. The following individuals were present:

- Representing DHCS:  
Becky Counter, Associate Governmental Program Analyst (AGPA)
- Representing Colusa County:  
Jennifer McAllister, Clinical Program Manager  
Jeannie Scroggins, Quality Assurance Coordinator  
Mark Mc Gregor, Clinical Program Manager  
Mayra Puga, MHSA Coordinator  
Bonnie Briscoe, Finance Administrative Officer  
Terence Rooney, Director

During the Entrance Conference the following topics were discussed:

- Introductions
- DHCS Re-Organization
- Medi-Cal Healthier California for All (formerly known as CalAIM) Proposal
- Overview of the Monitoring Process
- County of Colusa Overview of Services

### Exit Conference:

An exit conference was conducted at 162 E Carson St., Colusa, CA 95932 on 2/5/2020. The following individuals were present:

- Representing DHCS:  
Becky Counter, AGPA
- Representing Colusa County:  
Jennifer McAllister, Clinical Program Manager  
Jeannie Scroggins, Quality Assurance Coordinator

During the Exit Conference the following topics were discussed:

- Review of Compliance Deficiencies
- Follow-Up Deadlines

**SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD)**

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

## CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 3, 7, (a-d) each compliance deficiency (CD) identified must be addressed via a Corrective Action Plan (CAP). The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory recommendations 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) Who will be responsible for correction and ongoing compliance.

The CMU analyst will monitor progress of the CAP completion.

## 1.0 ADMINISTRATION

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

### COMPLIANCE DEFICIENCIES:

#### **CD 1.1:**

Exhibit A, Attachment I, Part I, Section 1, B

B. It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

22 CCR § 51341.1 (b) (28) (A) (iii)

- iii. ... A substance use disorder medical director shall receive a minimum of five (5) hours of continuing medical education in addiction medicine each year...

**Finding:** The County did not provide the medical director's annual continuing medical education units in addiction medicine.

#### **CD 1.2:**

Exhibit A, Attachment I, Part I, Section 4, A, 3, a

a.) Contractor shall ensure subcontractors complete training on the requirements of Title 22 regulations and DMC program requirements at least annually from either DHCS' SUD Program, Policy and Fiscal Division (SUD PPF) or the Contractor. Contractor shall provide documentation of attendance at the annual training to DHCS' e-mail address SUDCOUNTYREPORTS@dhcs.ca.gov annually as part of the DHCS Contractor monitoring process.

**Finding:** The County did not provide evidence of County staff receiving Title 22 training annually.



## 5.0 MONITORING

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

### COMPLIANCE DEFICIENCIES:

#### **CD 5.8:**

Exhibit A, Attachment I, Part I, Section 4, A, 2, f

f) Contractor shall implement and maintain compliance with the system of review described in Title 22, Section 51341.1(k), for the purpose review utilization, quality, and appropriateness of covered services and ensuring that all applicable Medi-Cal requirements are met.

22 CCR § 51341.1 (h) (1) (v) (a) (b)

- a) The physician shall evaluate each beneficiary to diagnose whether the beneficiary has a substance use disorder, within thirty (30) calendar days of the beneficiary's admission to treatment date. The diagnosis shall be based on the applicable diagnostic code from the Diagnostic and Statistical Manual of Mental Disorders Third Edition-Revised or Fourth Edition, published by the American Psychiatric Association. The physician shall document the basis for the diagnosis in the beneficiary's individual patient record.
- b) As an alternative to complying with Paragraph (a) above, the therapist, physician assistant, or nurse practitioner, acting within the scope of their respective practice, shall evaluate each beneficiary to diagnose whether the beneficiary has a substance use disorder, within thirty (30) calendar days of the beneficiary's admission to treatment date. The diagnosis shall be based on the applicable diagnostic code from the Diagnostic and Statistical Manual of Mental Disorders Third Edition - Revised or Fourth Edition, published by the American Psychiatric Association. The individual who performs the diagnosis shall document the basis for the diagnosis in the beneficiary's individual patient record. The physician shall document approval of each beneficiary's diagnosis that is performed by a therapist, physician assistant or nurse practitioner by signing and dating the beneficiary's treatment plan.

**Finding:** The County is not ensuring all SUD program Medical Directors are establishing medical necessity.

**CD 5.9:**

Exhibit A, Attachment I, Part I, Section 4, A, 2, f

f) Contractor shall implement and maintain compliance with the system of review described in Title 22, Section 51341.1(k), for the purpose review utilization, quality, and appropriateness of covered services and ensuring that all applicable Medi-Cal requirements are met.

Exhibit A, Attachment I, Part I, Section 4, B, 1, b

b) Contractor shall conduct, at least annually, an audit of DMC providers to assure covered services are being appropriately rendered. The annual audit must include an on-site visit of the service provider. Reports of the annual review shall be provided to DHCS's Performance Management Branch at:

**Finding:** The County's system for ensuring DMC services are meeting all Medi-Cal requirements does not include evaluating the following areas for utilization and quality:

- Diagnosis
- Medical Necessity
- Physical Exams
- Treatment Plans
- Progress Notes
- Sign-in Sheets
- Continuing Services Justification
- MQDTS

## 6.0 PROGRAM INTEGRITY

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

### COMPLIANCE DEFICIENCY:

#### **CD 6.18:**

##### Document 2F(a), A, 5

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC. If conflict between regulations and standards occurs, the most restrictive shall apply.

##### A. Personnel Policies

5. Written roles and responsibilities and a code of conduct for the medical director shall be clearly documented, signed and dated by a program representative and physician.

##### Document 2F(a), A, 3

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC. If conflict between regulations and standards occurs, the most restrictive shall apply.

##### A. Personnel Policies

3. Written 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 beneficiary's 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 beneficiary's or staff;
  - g) Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff;
  - h) Protection beneficiary confidentiality;
  - i) The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under; and
  - j) Cooperate with complaint investigations.

**Finding:** The County did not provide evidence that SUD program Medical Director has a signed and dated Code of Conduct by a program representative and physician. The Code of Conduct for Medical Directors did not include the following requirements:

- Use of drugs and/or alcohol
- Cooperate with complaint investigations

**TECHNICAL ASSISTANCE**

Colusa County did not request technical assistance during FY 2019-20.