



WILL LIGHTBOURNE  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

May 7, 2021

Sent via e-mail to: [ALindsey@countyofglenn.net](mailto:ALindsey@countyofglenn.net)

Amy Lindsey, Director  
Glenn County Health & Human Services Agency  
242 North Villa Avenue  
Willows, CA 95988

SUBJECT: Annual DMC State Plan County Compliance Unit Findings Report

Dear Director Lindsey:

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 Glenn 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 Glenn County's State Fiscal Year 2020-21 State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Glenn 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/Provider Operations and Monitoring Branch (CPOMB) liaison by 7/07/2021. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CPOMB analyst at [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov).

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

Sincerely,

Michael Bivians  
(916) 713-8966  
[michael.bivians@dhcs.ca.gov](mailto:michael.bivians@dhcs.ca.gov)

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
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Sacramento, CA 95814  
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Distribution:

To: Director Lindsey,

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  
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[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County/Provider Operations and Monitoring Branch  
Eloise Jones, Glenn County Behavioral Health, Program Manager  
Nancy Alvarez, Glenn County Behavioral Health, Administrative Services Analyst

## COUNTY REVIEW INFORMATION

**County:**

Glenn

**County Contact Name/Title:**

Nancy Alvarez / Administrative Service Analyst

**County Address:**

242 North Villa Avenue

Willows, CA 95988

**County Phone Number/Email:**

530-934-6582

nalvarez@countyofglenn.net

**Date of Review:**

2/17/2021

**Lead CCU Analyst:**

Michael Bivians

**Assisting CCU Analyst(s):**

Susan Volmer

Katrina Beedy

**Report Prepared by:**

Michael Bivians

**Report Approved by:**

Ayesha Smith

## REVIEW SCOPE

- I. Regulations:
  - a. California Code of Regulations, Title 22, section 51341.1, 51490.1 and 51516.1 – Drug Medi-Cal Substance Use Disorder Services
  - b. California Code of Regulations, Title 9, Division 4: Department of Alcohol and Drug Programs
  - c. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
  - d. Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Sections 14021.51-14021.53 and 14124.20-14124.25: Basic Health Care – Drug Medi-Cal Treatment Program
  
- II. Program Requirements:
  - a. Fiscal Year (FY) 2020-21 State-County Contract, herein referred to as State County Contract
  - 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 2/17/2021. The following individuals were present:

- Representing DHCS:  
Michael Bivians, Staff Services Manager I (SSM I)  
Susan Volmer, Associate Governmental Program Manager (AGPA)  
Katrina Beedy, AGPA  
Ayesha Smith, Staff Services Manager II (SSM II)  
Kathryn Sears, SSM I  
Natalia Krasnodemsky, AGPA
- Representing Glenn County:  
Eloise Jones, Program Manager  
Joe Hallett, Compliance and Quality Improvement Manager  
Nancy Alvarez, Administrative Services Analyst  
Mimi Martinez, Fiscal Analyst II  
Makayla Confer, Senior Mental Health Counselor I

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the Review Process

### **Exit Conference:**

An Exit Conference was conducted via WebEx on 2/17/2021. The following individuals were present:

- Representing DHCS:  
Michael Bivians, SSM I  
Susan Volmer, AGPA  
Katrina Beedy, AGPA  
Ayesha Smith, SSM II  
Kathryn Sears, SSM I  
Natalia Krasnodemsky, AGPA
- Representing Glenn County:  
Eloise Jones, Program Manager  
Joe Hallett, Compliance and Quality Improvement Manager  
Nancy Alvarez, Administrative Services Analyst  
Mimi Martinez, Fiscal Analyst II  
Makayla Confer, Senior Mental Health Counselor I

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 Administration	0
2.0 Covered Services	0
3.0 DMC Certification & Continued Certification	0
4.0 Monitoring	2
5.0 General Provisions	0

## **CORRECTIVE ACTION PLAN (CAP)**

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 4, 6 a-b 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 analyst will monitor progress of the CAP completion.

## Category 4: MONITORING

A review of the County's monitoring and program integrity was conducted to ensure compliance with applicable regulations and standards. The following DMC deficiency in regulations, standards or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 4.2**

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 3, A, 4, c

4. Contractor shall require all the subcontracted providers of services to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines:

Minimum Quality Treatment Standards, Document 2F(a)

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.

Minimum Quality Treatment Standards, Document 2F(a), A, 3

- 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 beneficiary's;
  - 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.

Minimum Quality Treatment Standards, Document 2F(a), A, 5

- A. Personnel Policies
4. 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.

**Findings:** The Code of Conduct for the Medical Director of Glenn County Behavioral Health did not include the following requirement:

- Cooperate with complaint investigations.



The Code of Conduct for the Medical Director of Aegis did not include the following requirement:

- Cooperate with complaint investigations.

### **CD 4.3**

State Plan DMC Contract, Exhibit A, Attachment I, Part I, Section 3, A, 4, c

4. Contractor shall require all the subcontracted providers of services to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines:

Minimum Quality Treatment Standards, Document 2F(a)

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.

Minimum Quality Treatment Standards, Document 2F(a), A, 5

#### 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.

22 CCR § 51341.1 (b) (28) (A) (i) (a)-(f)

(A) For outpatient drug free, day care habilitative, perinatal residential and naltrexone treatment services programs the following shall apply:

- (i) The substance use disorder 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 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 are adequately trained to perform diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries and perform other physician duties, as outlined in this section.

**Finding:** The written roles and responsibilities for the Medical Director of Glenn County Behavioral Health did not include the following requirements:

- 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 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; and
- Ensure that provider's physicians are adequately trained to perform other physician duties.

The written roles and responsibilities for the Medical Director of Aegis did not include the following requirement:

- Ensure that physicians do not delegate their duties to non-physician personnel.

## **TECHNICAL ASSISTANCE**

Glenn County did not request Technical Assistance during this review.