



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



GAVIN NEWSOM
GOVERNOR

June 23, 2020

Sent via e-mail to: AndreaKuhlen@co.imperial.ca.us

Andrea Kuhlen, Mental Health Director
Behavioral Health Services
202 N. Eighth St,
El Centro, CA 92243

SUBJECT: Annual County Compliance Report

Dear Director Kuhlen:

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 Imperial 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 Imperial 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.

Imperial 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 7/23/2020. 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.

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

Sincerely,

Emanuel Hernandez
(916) 713-8667
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 Kuhlen,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
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Gabriela Jimenez, Deputy Director, Imperial County SUD Treatment Programs
Sara Moore, Imperial County Behavioral Health Manager
Jessica Brambila, Imperial County Administrative Analyst

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| Lead CCU Analyst: Emanuel Hernandez | Date of Review: May 2020 |
| Assisting CCU Analyst(s): N/A | Date of DMC-ODS Implementation: 6/18/2018 |
| County: Imperial County | County Address: 202 N. Eighth St., El Centro, CA 92243 |
| County Contact Name/Title: Gabriela Jimenez, Deputy Director, SUD Treatment Programs | County Phone Number/Email: 1-800-817-5792 GabrielaJimenez@co.imperial.ca.us |
| Report Prepared by: Emanuel Hernandez | Report Approved by: Mayumi Hata |

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)

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

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.

6.0 MONITORING

The following deficiencies in monitoring were identified:

COMPLIANCE DEFICIENCIES:

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

Finding: The Plan indicated a total of four DMC-ODS monitoring reports were sent to DHCS for SFY 2018-19. The Plan did not monitor all providers for DMC-ODS programmatic and fiscal requirements. The Plan did submit zero of four DMC-ODS programmatic and fiscal monitoring reports secure and encrypted which included the report that was submitted twice.

CD 6.26

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
SUD - Program, Policy and Fiscal Division
Performance & Integrity Branch
PO Box 997413, MS-2627
Sacramento, CA 95899-7413

Finding: The Plan did not submit four of four DMC-ODS programmatic and fiscal monitoring reports secure and encrypted.

7.0 PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCIES:

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.

Finding: The plan submitted does not ensure that SUD program, Imperial County Medical Clinic Medical Directors, have written roles, responsibilities, and standards that include the following:

- Ensure that physicians do not delegate their duties to non-physician personnel.
- Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.

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.

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

- Open Admissions Report
- Open Providers Report

8.0 COMPLIANCE

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

COMPLIANCE DEFICIENCY:

CD: 8.55

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 8, 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.

Finding: The Plan has not resolved previous deficiencies identified by DHCS in SFY 2018/19 for 7.46 CalOMS Tx report(s). Open Admissions and Open Providers are non-compliant.

TECHNICAL ASSISTANCE

No technical assistance was requested by the county.