



BRADLEY P. GILBERT  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

June 9, 2020

Sent via e-mail to: Jennifer.Yasumoto@countyofnapa.org

Jennifer Yasumoto, Director  
Napa County Health and Human Services Agency  
2751 Napa Valley Corporate Drive  
Napa, CA 94558

SUBJECT: Annual County Compliance Report

Dear Director Yasumoto:

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 Napa 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 Napa 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.

Napa 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 7/9/2020. 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,

*Michael Bivians*

Michael Bivians  
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[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County and Provider Monitoring Unit  
Lindsay Stark, Napa County Health and Human Services Agency, Deputy Director

<b>Lead CCU Analyst:</b> Michael Bivians	<b>Date of Review:</b> April 2020
<b>Assisting CCU Analyst(s):</b> Emanuel Hernandez	<b>Date of DMC-ODS Implementation:</b> 12/15/2017
<b>County:</b> Napa	<b>County Address:</b> 2751 Napa Valley Corporate Drive Napa, CA 94558
<b>County Contact Name/Title:</b> Lindsay Stark, Deputy Director	<b>County Phone Number/Email:</b> Lindsay.Stark@countyofnapa.org 707-253-4073
<b>Report Prepared by:</b> Michael Bivians	<b>Report Approved by:</b> 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)**

<b>Section:</b>	<b>Number of CD's:</b>
<b>1.0 Administration</b>	<b>1</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>0</b>
<b>5.0 Coordination of Care</b>	<b>0</b>
<b>6.0 Monitoring</b>	<b>1</b>
<b>7.0 Program Integrity</b>	<b>2</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.

## 1.0 ADMINISTRATION

A review of the administrative trainings, policies, and procedures was conducted to ensure compliance with applicable regulations and standards. The following deficiency in administration requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 1.1:**

#### Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, iv-v

- iv. Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.
- v. Professional staff (LPHAs) shall receive a minimum of five (5) hours of continuing education related to addiction medicine each year.

**Finding:** The Plan did not ensure the County's Medical Director has 5 hours of continuing medical education in addiction medicine annually. The Plan did not ensure SUD program professional staff have 5 hours of continuing education units in addiction medicine annually.

## 6.0 MONITORING

The following deficiency in monitoring was identified:

### COMPLIANCE DEFICIENCY:

#### **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 indicated a total of three (3) DMC-ODS monitoring reports were sent to DHCS for SFY 2018-19. Internal data review indicated the Plan did not submit any monitoring reports of providers for DMC-ODS programmatic and fiscal requirements.



## 7.0 PROGRAM INTEGRITY

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

### COMPLIANCE DEFICIENCIES:

#### **CD 7.41:**

##### Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, b & g

- ii. The arrangements or procedures shall include the following:
  - a. Provision for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, to the Department.
  - g. Provision for the prompt referral of any potential fraud, waste, or abuse that the Contractor identifies to the Department Medicaid program integrity unit or any potential fraud directly to the State Medicaid Fraud Control Unit.

**Finding:** The Plan does not ensure prompt reporting of all overpayments to DHCS' State Medicaid Fraud Control Unit.

#### **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.

**Finding:** The Plan's SUD program Medical Director's signed Code of Conduct for Napa County Health And Human Services Agency is missing the following element:

- Shall be clearly documented, signed and dated by a provider representative and the physician.

The Plan's SUD program Medical Director's signed Code of Conduct for Center Point Inc. is missing the following elements:

- Providing services beyond scope,
- Discrimination against beneficiaries or staff,
- Cooperate with complaint investigations,
- Shall be clearly documented, signed and dated by a provider representative and the physician.

The Plan's SUD program Medical Director's signed Code of Conduct for Aldea Inc. is missing the following elements:

- Use of drugs and/or alcohol,
- Shall be clearly documented, signed and dated by a provider representative and the physician.

## 8.0 COMPLIANCE

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

### COMPLIANCE DEFICIENCIES:

#### **CD 8.47:**

MHSUDS Information Notice IN 18-043

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, iv, a-b

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xiv, d, i-iv

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xvii, a-e

**Finding:** The Plan's member handbook does not match the DHCS approved template.

**TECHNICAL ASSISTANCE**

Napa County did not request Technical Assistance during this review.