



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

April 25, 2022

Sent via e-mail to: arellis@placer.ca.gov

Amy R. Ellis, MFT, Director  
Placer County Health and Human Services  
11512 B Avenue  
Auburn, CA 95603

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Ellis:

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 Placer 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 Placer County's State Fiscal Year 2021-22 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Placer 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/Provider Operation and Monitoring Branch (CPOMB) Analyst by 6/27/2022. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CPOMB liaison at [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov).

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

Sincerely,

Becky Counter  
(916) 713-8567

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
1500 Capitol Ave., MS 2305  
Sacramento, CA 95814  
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Distribution:

To: Director Ellis,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
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[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County Provider Operations and Monitoring Branch  
Julia Soto, Placer County QM Program Manager

## COUNTY REVIEW INFORMATION

**County:**

Placer

**County Contact Name/Title:**

Julia Soto/QM Program Manager

**County Address:**

11512 B Avenue  
Auburn, CA 95603

**County Phone Number/Email:**

530-889-7272  
jsoto@placer.ca.gov

**Date of DMC-ODS Implementation:**

11/1/2018

**Date of Review:**

3/8/2022

**Lead CCU Analyst:**

Becky Counter

**Assisting CCU Analyst:**

N/A

**Report Prepared by:**

Becky Counter

**Report Approved by:**

Ayesha Smith

## 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. Fiscal Year (FY) 2020-21 Intergovernmental Agreement (IA)
  - b. Fiscal Year (FY) 2021-22 Intergovernmental Agreement (IA)
  - c. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
  - d. Behavioral Health Information Notices (BHIN)

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### **Entrance Conference:**

An Entrance Conference was conducted via WebEx on 3/8/2022. The following individuals were present:

- Representing DHCS:  
Becky Counter, Associate Governmental Program Analyst (AGPA)
- Representing Placer County:  
Twylla Abrahamson, Director, Children's' System of Care (CSOC)  
Julia Soto, QM program Manager  
Scott Genschmer, Adult System of Care (ASOC) Program Manager  
Leslie Medina, CSOC Program Manager  
Daniel Apgar, ASOC Program Supervisor  
Megan Jones, CSOC Program Supervisor  
Danielle Gold, System of Care (SOC) QM Program Supervisor  
Susan Stephens, SOC QM Analyst

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process
- Placer County overview of services

### **Exit Conference:**

An Exit Conference was conducted via WebEx on 3/8/2022. The following individuals were present:

- Representing DHCS:  
Becky Counter, AGPA
- Representing Placer County:  
Twylla Abrahamson, Director, Children's' System of Care (CSOC)  
Julia Soto, QM program Manager  
Scott Genschmer, Adult System of Care (ASOC) Program Manager  
Leslie Medina, CSOC Program Manager  
Daniel Apgar, ASOC Program Supervisor  
Megan Jones, CSOC Program Supervisor  
Danielle Gold, System of Care (SOC) QM Program Supervisor  
Susan Stephens, SOC QM Analyst

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

## SUMMARY OF FY 2021-22 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>	<u>Number of CD's</u>
1.0 Availability of DMC-ODS Services	0
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	1
4.0 Access and Information Requirements	1
5.0 Beneficiary Rights and Protections	0
6.0 Program Integrity	0

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

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part III, Section KK, 2, i 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 2021-22 CAP:

- a) DHCS' CAP Template used to document process.
- b) A list of action steps to be taken to correct the CD.
- c) The name of the person who will be responsible for corrections and ongoing compliance.
- d) Provide a specific description on how ongoing compliance is ensured
- e) A date of completion for each CD.

The CPOMB liaison will monitor progress of the CAP completion.

## Category 3: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

A review of the practice guidelines, monitoring, and other quality assurance requirements was conducted to ensure compliance with applicable regulations and standards. The following deficiency in quality assurance and performance improvement was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 3.4.1:**

##### 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 Plan’s Open Admissions report is not in compliance.



## Category 4: ACCESS AND INFORMATION REQUIREMENTS

A review of the access and information requirements for the access line, language and format requirements and general information was conducted to ensure compliance with applicable regulations and standards. The following deficiency in access and information requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 4.3.3:**

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 7, i

#### 7. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

- i. None of the funds made available through this Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 18, i

#### 18. Subcontract Provisions

- i. Contractor shall include all of the foregoing provisions in all of its subcontracts.

**Findings:** The Plan did not make available evidence demonstrating County and subcontractor compliance with the Limitation on Use of Funds for Promotion of Legalization of Controlled Substances.

The Plan did not provide evidence demonstrating all of the foregoing Intergovernmental Agreement, Exhibit A, Attachment I, Section III, Y, general provisions are included in all executed subcontracts, specifically the Limitation on Use of Funds for Promotion of Legalization of Controlled Substances.

## **TECHNICAL ASSISTANCE**

Placer County did not request Technical Assistance for FY 21-22.