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DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

July 8, 2022

Sent via e-mail to: matthew.chang@ruhealth.org

Matthew Chang, M.D., Director
Riverside University Health System – Behavioral Health
4095 County Circle Drive
Riverside, CA 92503-7549

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Chang:

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 Riverside 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 Riverside 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.

Riverside 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 9/8/2022. 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.

If you have any questions or need assistance, please contact me at michael.bivians@dhcs.ca.gov.

Sincerely,

Michael Bivians
(916) 713-8966

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 Chang,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
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Rhyan Miller, Riverside County Behavioral Health Deputy Director
Maureen Dopson, Riverside County Quality Improvement Behavioral Health Services
Administrator

COUNTY REVIEW INFORMATION

County:
Riverside

County Contact Name/Title:
Maureen Dopson, Quality Improvement Behavioral Health Services Administrator

County Address:
3525 Presley Avenue
Riverside, CA 92507

County Phone Number/Email:
(951) 955-7320
mdopson@ruhealth.org

Date of DMC-ODS Implementation:
2/01/2017

Date of Review:
4/21/2022

Lead CCU Analyst:
Michael Bivians

Assisting CCU Analyst:
N/A

Report Prepared by:
Michael Bivians

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 4/21/2022. The following individuals were present:

- Representing DHCS:
Michael Bivians, County Compliance Monitoring II (CCM II) Chief
Alexis Maher, Associate Governmental Program Analyst (AGPA)
- Representing Riverside County:
Maureen Dopson, Quality Improvement Services Administrator
Rhyan Miller, Deputy Director Forensics
Jacob Ruiz, Deputy Director Administration and Finance
Brandon Jacobs, Deputy Director Quality and Research
William Harris, Assistant Regional Manager
Nicole Shaverdi, Administrative Services Supervisor
Twanda Jackson, Administrative Services Supervisor
Eren Guerrero, Administrative Services Assistant
Sarah Stewart, Administrative Services Supervisor
Melissa Noone, Budget and Analysis Administration Services Manager I
Joshua Rodriguez, Office Assistant II
Ashley Trevino, Behavioral Health Program Support and Compliance
Andrea Webb, Business Process Analyst II
Yajaira Carrillo, Fiscal Services Accountant II
Alexandra Arriaga, Administrative Services Analyst I
Elizabeth Del Rio, Mental Health Services Program Manager

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of review process
- Overview of services provided

Exit Conference:

An Exit Conference was conducted via WebEx on 4/21/2022. The following individuals were present:

- Representing DHCS:
Michael Bivians, CCM II Chief
Alexis Maher, AGPA

- Representing Riverside County:
Maureen Dopson, Quality Improvement Services Administrator
Rhyan Miller, Deputy Director Forensics
Jacob Ruiz, Deputy Director Administration and Finance
Brandon Jacobs, Deputy Director Quality and Research
William Harris, Assistant Regional Manager
Nicole Shaverdi, Administrative Services Supervisor
Twanda Jackson, Administrative Services Supervisor
Eren Guerrero, Administrative Services Assistant
Sarah Stewart, Administrative Services Supervisor
Melissa Noone, Budget and Analysis Administration Services Manager I
Joshua Rodriguez, Office Assistant II
Ashley Trevino, Behavioral Health Program Support and Compliance
Andrea Webb, Business Process Analyst II
Yajaira Carrillo, Fiscal Services Accountant II
Alexandra Arriaga, Administrative Services Analyst I
Elizabeth Del Rio, Mental Health Services Program Manager

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	4
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	2
4.0 Access and Information Requirements	1
5.0 Beneficiary Rights and Protections	1
6.0 Program Integrity	1

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part III, Section KK, 2, j 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 1: AVAILABILITY OF DMC-ODS SERVICES

A review of the administrative trainings, policies and procedures was conducted to ensure compliance with applicable regulations, and standards. The following deficiencies in availability of DMC-ODS services were identified:

COMPLIANCE DEFICIENCIES:

CD 1.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 5, i, a, i-ii

- i. The Contractor shall implement written policies and procedures for selection and retention of network providers and the implemented policies and procedures, at a minimum, meet the following requirements:
 - a. Credentialing and re-credentialing requirements.
 - i. The Contractor shall follow the state's established uniform credentialing and re-credentialing policy that addresses behavioral and substance use disorders, outlined in DHCS Information Notice 18-019.
 - ii. The Contractor shall follow a documented process for credentialing and re-credentialing of network providers.

MHSUDS Information Notice: 18-019

Attestation

For all network providers who deliver covered services, each provider's application to contract with the Plan must include a signed and dated statement attesting to the following:

1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
2. A history of loss of license or felony conviction;
3. A history of loss or limitation of privileges or disciplinary activity;
4. A lack of present illegal drug use; and
5. The application's accuracy and completeness.

Findings: The Plan did not provide evidence demonstrating the credentialing attestation form contains the required elements. The following required elements are missing, specifically:

- Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
- A history of loss of license or felony conviction; and
- A lack of present illegal drug use.

CD 1.4.6:

Intergovernmental Agreement Exhibit A, Attachment I, III, GG, 3, i

3. Training to DMC Subcontractors

- i. The Contractor shall ensure that all subcontractors receive training on the DMC-ODS requirements, at least annually. The Contractor shall report compliance with this section to DHCS annually as part of the DHCS County Monitoring process.

Findings: The Plan did not provide evidence demonstrating all subcontractors received annual training on the DMC-ODS requirements.

CD 1.4.7:

Intergovernmental Agreement Exhibit A, Attachment I, III, GG, 3, ii, a

3. Training to DMC Subcontractors

- ii. The Contractor shall require subcontractors to be trained in the ASAM Criteria prior to providing services.
 - a. The Contractor shall ensure that, at minimum, providers and staff conducting assessments are required to complete the two e-Training modules entitled "ASAM Multidimensional Assessment" and "From Assessment to Service Planning and Level of Care". A third module entitled, "Introduction to The ASAM Criteria" is recommended for all county and provider staff participating in the Waiver. With assistance from the state, counties will facilitate ASAM provider trainings.

Findings: The Plan did not provide evidence demonstrating all subcontractor staff conducting assessments complete two ASAM Criteria e-Training modules prior to providing services.

CD 1.4.9:

Intergovernmental Agreement Exhibit A, Attachment I, III, A, 1, v

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

Findings: The Plan did not provide evidence demonstrating WCHC, Inc. Desert Treatment Center's professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan did not submit continuing education units received by LPHA staff during calendar years 2019 and 2020.

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 deficiencies in quality assurance and performance improvement were identified:

COMPLIANCE DEFICIENCIES:

CD 3.2.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, 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.

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, 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.

Findings: The Plan did not provide evidence demonstrating the written roles and responsibilities for Riverside County's Medical Director includes all required elements. The following required element is missing, specifically:

- Signed and dated by a provider representative.

CD 3.2.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, 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, 6, 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.

Findings: The Plan did not provide evidence demonstrating the Code of Conduct for Riverside County's Medical Director includes all required elements. The following required element is missing, specifically:

- Signed and dated by a provider representative.

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 4.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, F, 3, x

x. Have a 24/7 toll free number for prospective beneficiaries to call to access DMC-ODS services and make oral interpretation services available for beneficiaries, as needed.

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 5

5. The QM Program shall conduct performance-monitoring activities throughout the Contractor's operations. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances.

Findings: A minimum of two test calls were conducted for the Plan's 24/7 toll free number posted on the County's website, 800-449-3008. The responses to the test calls resulted in a barrier to access DMC-ODS services for prospective beneficiaries calling.

The first test call on 4/10/2022 at 5:01 p.m. was determined to be out of compliance. The caller was greeted with a pre-recorded message that requested the caller select 2 or stay on the line to reach a person to discuss substance use issues. The caller chose to stay on the line and after eight (8) rings, was connected to a recorded message. The recorded message stated the call was made to the Care CCT Line and no one was available to answer the call at this time. The caller was instructed to leave a message, which will be responded to within 24 hours. The caller disconnected without leaving a message.

The second test call on 4/11/2022 at 12:21 p.m. was determined to be out of compliance. The caller was greeted with a prerecorded message to select 4 or stay on the line to reach a person to discuss substance use issues. The caller chose to stay on the line and waited 9 minutes and 35 seconds before the call was answered. The caller explained his daughter was an addict who was looking to get into treatment and asked how to go about making this happen. The caller was informed the potential beneficiary would need to call in so an assessment can be conducted and Medi-Cal eligibility verified. Following the assessment, the beneficiary will be placed on a waitlist and placement could take up to a week, depending on the level of care required. The caller asked for the location of the nearest clinic and was provided the phone number for the appropriate location.

Category 5: BENEFICIARY RIGHTS AND PROTECTIONS

A review of the grievance and appeals was conducted to ensure compliance with applicable regulations and standards. The following deficiency in beneficiary rights and protections for regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 5.1.2:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 7, i-ii

7. Grievance and Appeal Systems (42 CFR §438.228).

- i. The Contractor shall have in effect, a grievance and appeal system that meets the requirements outlined in Article II.G of this Agreement.
- ii. The Contractor shall be responsible for issuing any NOABD under 42 CFR Part 431, subpart E. The Department shall conduct random reviews of the Contractor and its providers and subcontractors to ensure that they are notifying beneficiaries in a timely manner.

MHSUDS Information Notice 18-010E

Findings: The Plan did not provide evidence demonstrating the Grievance and Appeal system included all the required elements. The following timing elements are missing, specifically:

- Beneficiary may file a grievance at any time.
- Beneficiary appeal filed within 60 days from the date of NOABD.
- Beneficiary's State Fair Hearing files within 120 days from date of NAR.

Category 6: PROGRAM INTEGRITY

A review of the compliance program, service verification, and fraud reporting was conducted to ensure compliance with applicable regulations and standards. The following deficiency in program integrity was identified:

COMPLIANCE DEFICIENCY:

CD 6.3.1

Intergovernmental Agreement Exhibit A, Attachment I, III, BB, 1

1. Service Verification. To assist DHCS in meeting its obligation under 42 CFR 455.1(a)(2), the Contractor shall establish a mechanism to verify whether services were actually furnished to beneficiaries.

Findings: The Plan did not provide evidence demonstrating an established mechanism to verify whether services were actually furnished to beneficiaries.

TECHNICAL ASSISTANCE

Riverside County did not request Technical Assistance during this review.