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



GAVIN NEWSOM  
GOVERNOR

January 3, 2022

Sent via e-mail to: RMiller@ruhealth.org

Rhyan Miller, Director  
Riverside University Health System – Behavioral Health  
3525 Presley Ave  
Riverside, CA 92507

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Miller:

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 2020-21 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 3/03/2022. Please use the enclosed CAP form and submit the completed the 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 [emanuel.hernandez@dhcs.ca.gov](mailto:emanuel.hernandez@dhcs.ca.gov).

Sincerely,  
*Emanuel Hernandez*  
Emanuel Hernandez  
(916) 713-866

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 Miller,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief  
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April Marier, Riverside University Health System Program Administrator – Behavioral Health  
Maureen Dopson, Riverside University Health System Quality Improvement Services Admin.

## COUNTY REVIEW INFORMATION

**County:**  
Riverside

**County Contact Name/Title:**  
April Marier, Riverside University Health System Program Administrator

**County Address:**  
3225 Presley Ave, Riverside, CA 92507

**County Phone Number/Email:**  
951-955-2310  
AMarier@ruhealth.org

**Date of DMC-ODS Implementation:**  
02/01/2017

**Date of Review:**  
10/19/2021

**Lead CCU Analyst:**  
Emanuel Hernandez

**Assisting CCU Analyst:**  
N/A

**Report Prepared by:**  
Emanuel Hernandez

**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. 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 10/19/2021. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
- Representing Riverside County:  
Rhyan Miller, Riverside Behavioral Health and Substance Abuse Deputy Director  
Brandon Jacobs, Riverside Behavioral Health Deputy Director  
William Harris, Riverside Behavioral Health Assistant Manager  
April Marier, Riverside Behavioral Health Program Administrator  
Belinda Bills, Riverside Behavioral Health and Substance Abuse Supervisor  
Maureen Dopson, Riverside Behavioral Health Quality Services Administrator  
Melissa Noone, Riverside Behavioral Health Administrative Services Manager  
Yajaira Carrillo, Riverside Behavioral Health Senior Accountant  
Andrea Webb, Riverside Behavioral Health Business Analyst II

During the Entrance Conference, the following topics were discussed:

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

### **Exit Conference:**

An Exit Conference was conducted via WebEx on 10/19/2021. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, AGPA
- Representing Riverside County:  
Rhyan Miller, Riverside Behavioral Health and Substance Abuse Deputy Director  
Brandon Jacobs, Riverside Behavioral Health Deputy Director  
William Harris, Riverside Behavioral Health Assistant Manager  
April Marier, Riverside Behavioral Health Program Administrator  
Belinda Bills, Riverside Behavioral Health and Substance Abuse Supervisor  
Maureen Dopson, Riverside Behavioral Health Quality Services Administrator  
Melissa Noone, Riverside Behavioral Health Administrative Services Manager  
Yajaira Carrillo, Riverside Behavioral Health Senior Accountant  
Andrea Webb, Riverside Behavioral Health Business Analyst II

During the Exit Conference, the following topics were discussed:

- Review of compliance deficiencies
- Follow up deadlines

## SUMMARY OF FY 2020-21 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	0
5.0 Beneficiary Rights and Protections	0
6.0 Program Integrity	1

## **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 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 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 1.2.1:**

##### 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 inability 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 the Plan requires network providers who deliver covered services to sign a written attestation regarding their credentials.

#### **CD 1.3.3:**

##### 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 written roles and responsibilities provided for the VARP Medical Director is missing the following criteria:

- Ensure that physicians do not delegate their duties to non-physician personnel.
- Develop and implement written medical policies and standards for the provider.
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
- 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.
- Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.

**CD 1.3.4:**

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, i, c

- i. The SUD Medical Director's responsibilities shall, at a minimum, include all of the following:
  - c. Develop and implement written medical policies and standards for the provider.

**Findings:** The Plan does not ensure SUD Medical Directors develop and implement written policies and standards for the provider. Specifically:

- For FY 2019-20, the Plan did not provide evidence the Plan's Medical Director developed a written medical policy and standard.
- For FY 2019-20, the Plan did not provide evidence ensuring Soroptimist House of Hope Medical Director developed a written medical policy and standard.

**CD 1.3.5:**

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 Code of Conduct provided for the Plan, Cedar House and VARP Medical Directors were missing the following element:

- Cooperate with complaint investigations

## 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 3.2.1**

#### Intergovernmental Agreement Exhibit A, Attachment I, III, OO, 1, i, d

##### 1. Monitoring

- i. The Contractor's performance under this Exhibit A, Attachment I, shall be monitored by DHCS annually during the term of this 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  
Medi-Cal Behavioral Health Division  
1500 Capitol Avenue, MS-2623  
Sacramento, CA 95814

#### 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.

**Findings:** The Plan did not monitor all county and subcontracted providers for compliance with DMC-ODS programmatic and fiscal requirements. Specifically:

- For FY 2019-20, the Plan only monitored five (5) of 54 Plan and sub-contracted providers for DMC-ODS programmatic and fiscal requirements, and submitted audit reports of these monitoring reviews to DHCS.

- The Plan submitted only four (4) of five (5) DMC-ODS audit reports to DHCS within two weeks of report issuance.

**CD 3.2.5**

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 does not ensure all subcontractors receive training on DMC-ODS requirements at least annually.

## 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 6.1.5**

#### Intergovernmental Agreement Exhibit A, Attachment I, II, H, 5, ii, a, v

- a. A compliance program that includes, at a minimum, all of the following elements:
  - iv. Effective lines of communication between the compliance officer and the organization's employees.

**Findings:** The Plan did not provide evidence of effective lines of communication between the compliance officer and the organization's employees.

## **TECHNICAL ASSISTANCE**

No technical assistance was requested by the County.