



WILL LIGHTBOURNE
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

September 22, 2020

Sent via e-mail to: Shaina.zurlin@santacruzcounty.us

Shaina Zurlin, Chief of Substance Use Disorder Services
Santa Cruz County Substance Use Disorder Services
1400 Emeline Ave.
Santa Cruz, CA 95060

SUBJECT: Annual County Compliance Report

Dear Chief Zurlin:

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 Santa Cruz 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 Santa Cruz 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.

Santa Cruz 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 10/22/2020. 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 or need assistance, please contact me at becky.counter@dhcs.ca.gov.

Sincerely,

Becky Counter
(916) 713-8567
becky.counter@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: Chief Zurlin,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief
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Monitoring Branch Chief
MCBHDMonitoring@dhcs.ca.gov, County and Provider Monitoring Unit
Cybele Lolley, Santa Cruz County, Quality Improvement Manager
Casey Swank, Santa Cruz County, Behavioral Health Program Manager (SUDS)

Lead CCU Analyst: Becky Counter	Date of Review: July 2020
Assisting CCU Analyst(s): N/A	Date of DMC-ODS Implementation: 1/1/2018
County: Santa Cruz	County Address: 1400 Emeline Ave. Santa Cruz, CA 95060
County Contact Name/Title: Casey Swank, Behavioral Health Program Manager (SUDS)	County Phone Number/Email: (831) 454-5499 Casey.swank@santacruzcounty.us
Report Prepared by: Becky Counter	Report Approved by: Lanette Castleman

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	1
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 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

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

- For SFY 2018-19, the Plan monitored 12 of 13 Plan and sub-contracted providers for DMC-ODS programmatic requirements, and submitted audit reports of these monitoring reviews to DHCS.

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.

Findings: The Plan does not ensure that SUD program Medical Directors have written roles, responsibilities, and standards. The written roles and responsibilities provided for the SUD program Medical Directors of Encompass DMC # 44AD and DMC # 4488 are missing the following criteria:

- Ensure that physicians do not delegate their duties to non-physician personnel.
- Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.
- 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.
- Shall be clearly documented, signed and dated by a provider representative and the physician.

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.

Findings: The Plan's SUD program Medical Director's signed Code of Conduct for Rikki Rap Inc., DMC# 44SN is missing the following elements:

- Conflict of interest.
- Providing services beyond scope.
- Cooperate with complaint investigations.

The Plan does not ensure that SUD program Medical Directors have a signed Code of Conduct. The Plan's SUD program Medical Director's signed Code of Conduct for Janus of Santa Cruz, DMC # 4410 is missing the following elements:

- Use of drugs and/or alcohol.
- Prohibition of social/business relationship with beneficiaries or their family members for personal gain.
- Prohibition of sexual contact with beneficiaries.
- Conflict of interest.
- Providing services beyond scope.
- Discrimination against beneficiaries or staff.
- Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff.
- Protection of beneficiary confidentiality.
- 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 County of Santa Cruz, DMC # 44PH is missing the following elements:

- Conflict of interest.

- Protection of beneficiary confidentiality.
- Cooperate with complaint investigations
- Shall be clearly documented, signed and dated by a provider representative.

8.0 COMPLIANCE

The following program integrity deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 8.49:

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

- i. 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.

Findings: The Plan's access line is non-compliant. DHCS conducted two test calls; both calls occurred on 8/10/20. One of the calls was placed outside of business hours. Ashley, with the answering service, stated that I would need to call back in 15 minutes to get information about Substance Use Disorder services. When the second call was made during business hours, the caller was asked to leave phone number because a clinician was not currently available.

Call 1: Completed on 8/10/20 at 7:45am. This call is determined to be out of compliance. Ashley identified herself as working with the answering service, and stated that she was not able to answer my questions about Substance Use Disorder Services in Santa Cruz County and asked that I call back in 15 minutes.

Call 2: Completed on 8/10/20 at 8:10am. This call is determined to be out of compliance. The staff with the County ACCESS team was reached quickly and shared she would try to find a clinician to answer my question about Substance Use Disorder Services in Santa Cruz County although was not able to locate a clinician to assist me. I was informed only one clinician is available and asked if I would leave my phone number. I stated that I was not comfortable leaving my phone number. I asked about the 24-7 access line for assistance and was informed that due to the COVID 19 pandemic that there is only one clinician available, and if they are on a call or assisting someone else then the call is forwarded to a clinician working from home.

TECHNICAL ASSISTANCE

Santa Cruz County did not request Technical Assistance for FY 2019-20.