



WILL LIGHTBOURNE
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

May 24, 2021

Sent via e-mail to: cculcasi@stanbhhs.org

Cameo Culcasi, Chief, Substance Use Disorder Services
Stanislaus County Behavioral Health & Recovery Services
800 Scenic Drive
Modesto, CA 95350

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Chief Culcasi:

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 Stanislaus 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 Stanislaus 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.

Stanislaus 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 7/26/2021. 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.

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

Sincerely,
BL Counter
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
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Distribution:

To: Chief Culcasi,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
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Monitoring Branch Chief
MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Nasrin Safi, Stanislaus County, Manager III

COUNTY REVIEW INFORMATION

County:
Stanislaus

County Contact Name/Title:
Nasrin Safi/ Manager III

County Address:
800 Scenic Drive
Modesto, CA 95350

County Phone Number/Email:
(209) 525-6265
nsafi@stanbhhs.org

Date of DMC-ODS Implementation:
4/1/2019

Date of Review:
4/6/2021

Lead CCU Analyst:
Becky Counter

Assisting CCU Analyst:
Susan Volmer

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. 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 4/6/2021. The following individuals were present:

- Representing DHCS:
Becky Counter, Associate Governmental Program Analyst (AGPA)
Susan Volmer, AGPA
- Representing Stanislaus County:
Kara Anguiano, Chief Fiscal Officer
Maria Camarillo, Staff Services Coordinator
Chandra Campbell, Manager III, Integrated Forensic Team
Miranda Chalabi, Cultural Competence & Ethical Services Manager
Stacy-Ann Clark, Behavioral Health Specialist II Genesis
Steve Collins, BH Manager
Cherie Dockery, Assoc. Director
Laura Garcia, Manager III, HR
Tina Jamison, Manager II, Business Office
Kirsten Jasek- Rysdahl, Manager III, DOTS
Olivia Jimenez, Admin Clerk III
Bernadet Kaldani, Training Coordinator
Jennifer Marsh, Staff Services Coordinator
Bernardo Mora, MD, Medical Director
Gabriela Munguia, Quality Services Specialist
DeLayne Oliva, Manager III, Contracts
Kevin Panyanouvong, Chief of ASOC
Elizabeth Pike, BH Coordinator
Cam Quach, Staff Services Analyst, DOTS
Norma Rodriguez, Manager II, HR
Diane Rose, Program Coordinator
Nasrin Safi, Manager III, QS/Risk Management/Compliance
Monica Salazar, Risk Management
Tabitha Sprague, BH Coordinator
MaryCruz Vargas, Quality Services Specialist
Megan Vylonis, Quality Services Specialist
Charles Yarnell, BH Coordinator

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process

Exit Conference:

An Exit Conference was conducted via WebEx on 4/6/2021. The following individuals were present:

- Representing DHCS:
Becky Counter, AGPA
Susan Volmer, AGPA
Andrew Ulibarri, AGPA

- Representing Stanislaus County:
Maria Camarillo, Staff Services Coordinator
Chandra Campbell, Manager III, Integrated Forensic Team
Miranda Chalabi, Cultural Competence & Ethical Services Manager
Stacy-Ann Clark, Behavioral Health Specialist II Genesis
Cherie Dockery, Assoc. Director
Laura Garcia, Manager III, HR
Tina Jamison, Manager II, Business Office
Kirsten Jasek- Rysdahl, Manager III, DOTS
Olivia Jimenez, Admin Clerk III
Bernadet Kaldani, Training Coordinator
Jennifer Marsh, Staff Services Coordinator
Bernardo Mora, MD, Medical Director
Gabriela Munguia, Quality Services Specialist
DeLayne Oliva, Manager III, Contracts
Elizabeth Pike, BH Coordinator
Cam Quach, Staff Services Analyst, DOTS
Norma Rodriguez, Manager II, HR
Diane Rose, Program Coordinator
Nasrin Safi, Manager III, QS/Risk Management/Compliance
Monica Salazar, Risk Management
Tabitha Sprague, BH Coordinator
MaryCruz Vargas, Quality Services Specialist
Megan Vylonis, Quality Services Specialist
Charles Yarnell, BH Coordinator

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	3
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	0
4.0 Access and Information Requirements	0
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 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 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 provided only three (3) of the nine (9) requested credentialing attestation forms.

CD 1.3.2:

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.

Findings: The Plan did not provide evidence for one (1) DMC-ODS subcontractor demonstrating the Medical Director, Dr. Villanueva, D.O. has the required CMEs in addiction medicine during FY 2019-20.

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's Medical Director was 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

TECHNICAL ASSISTANCE

Stanislaus County did not request technical assistance this fiscal year.