



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

March 9, 2022

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

Tabitha Sprague, 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 Sprague:

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 2021-22 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 5/9/2022. 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 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
<http://www.dhcs.ca.gov>

Distribution:

To: Chief Sprague,

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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Sergio Lopez, County Provider Operations Monitoring Section I Chief
MCBHDMonitoring@dhcs.ca.gov, County Provider Operations and Monitoring Branch
Nasrin Safi, Stanislaus County Manager III, QS/Risk Management/Compliance

COUNTY REVIEW INFORMATION

County:
Stanislaus

County Contact Name/Title:
Nasrin Safi/ Manager III, QS/Risk Management/Compliance

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:
1/19/2022

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 1/19/2022. The following individuals were present:

- Representing DHCS:
Becky Counter, Associate Governmental Program Analyst (AGPA)
Mary Westmark, AGPA
Kathryn Sears, Staff Services Manager I (SSM I)
- Representing Stanislaus County:
Trew Candis, BHRS Confidential Assistant IV
Stacey Callahan, Program Manager
Miranda Chalabi, Manager II, OEM
Laura Garcia, Director, Human Resources and equal Right Officer
Teresa Gonzalez, Manager II
Tina Jamison, Chief, Fiscal and Administrative Services
Olivia Jimenez, Amin Clerk III
Jennifer Marsh, Staff Serv. Coordinator
Jeff Mason, Program Manager
Melissa McCay, Hospital Liaison
Tracey McCullough, Behavioral Health Coordinator
Bernardo Mora, MD, Medical Director
LaDonna Norman, Manager II, PIP
DeLayne Oliva, Manager III, Contracts
Kevin Panyanouvong, Chief, Operations Officer
Elizabeth Pike, BH Coordinator SRC
Cam Quach, Staff Services Analyst, OEM
Norma Rodriguez, Manager II, HR
Diane Rose, Program Coordinator
Nasrin Safi, Manager III, QS/Risk Mgmt./ Compliance
Monica Salazar, Chief, Behavioral health Plan Administration
Tabitha Sprague, Chief, Substance Use Disorder Services
Cory Taylor, BH Coordinator SRC
Bee Thao, Quality Services Specialist
Megan Vylonis, Quality Services Specialist
Charles Yarnell, Quality Services Specialist
Dawn Vercelli, Manager IV

During the Entrance Conference, the following topics were discussed:

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

Exit Conference:

An Exit Conference was conducted via WebEx on 1/19/2022. The following individuals were present:

- Representing DHCS:
Becky Counter, AGPA
Mary Westmark, AGPA
Kathryn Sears, SSM I

- Representing Stanislaus County:
Trew Candis, BHRS Confidential Assistant IV
Stacey Callahan, Program Manager
Miranda Chalabi, Manager II, OEM
Laura Garcia, Director, Human Resources and equal Right Officer
Teresa Gonzalez, Manager II
Tina Jamison, Chief, Fiscal and Administrative Services
Olivia Jimenez, Amin Clerk III
Jennifer Marsh, Staff Serv. Coordinator
Jeff Mason, Program Manager
Melissa McCay, Hospital Liaison
Tracey McCullough, Behavioral Health Coordinator
Bernardo Mora, MD, Medical Director
LaDonna Norman, Manager II, PIP
DeLayne Oliva, Manager III, Contracts
Kevin Panyanouvong, Chief, Operations Officer
Elizabeth Pike, BH Coordinator SRC
Cam Quach, Staff Services Analyst, OEM
Norma Rodriguez, Manager II, HR
Diane Rose, Program Coordinator
Nasrin Safi, Manager III, QS/Risk Mgmt./ Compliance
Monica Salazar, Chief, Behavioral health Plan Administration
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Cory Taylor, BH Coordinator SRC
Bee Thao, Quality Services Specialist
Megan Vylonis, Quality Services Specialist
Charles Yarnell, Quality Services Specialist
Dawn Vercelli, Manager IV

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	6
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	3
4.0 Access and Information Requirements	2
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 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 of two (2) completed credentialing attestations for licensed providers employed by Stanislaus County.

The Plan did not provide evidence of two (2) completed credentialing attestations for licensed providers employed by subcontractors. The completed credentialing attestations were not submitted for the following providers:

- Center for Human Services
- Aegis
- Valley Recovery

CD 1.4.2:

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

- ii. Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

Findings: The Plan did not provide evidence demonstrating non-professional staff employed by Stanislaus County receive appropriate onsite orientation and training prior to performing assigned duties. The Plan did not provide evidence for:

- Two (2) non-professional staff hired by Stanislaus County during FY 2020-21.

CD 1.4.3:

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

- iii. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

Findings: The Plan did not provide evidence demonstrating the monitoring of personnel files to ensure non-professional and professional staff employed by subcontractors have appropriate experience and necessary training at the time of hiring.

The Plan did not provide evidence of monitoring personnel files for two (2) non-professional staff hired by subcontractors during FY 2020-21 from the following network providers:

- Nirvana DMC # 50IU
- Nirvana DMC# 50BT

The Plan did not provide evidence of monitoring personnel files for two (2) professional/licensed staff hired by subcontractors during FY 2020-21 from the following network providers:

- Center for Human Services
- Aegis

CD 1.4.4:

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

- ii. Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

Findings: The Plan did not provide evidence demonstrating non-professional staff employed by subcontractors receive appropriate onsite orientation and training prior to performing assigned duties. The Plan did not provide evidence of appropriate onsite orientation and training for two (2) non-professional staff hired by subcontractors during FY 2020-21 from the following network providers:

- Aegis
- First Step perinatal

The Plan did not provide evidence of appropriate onsite orientation and training for two (2) professional/licensed staff hired by subcontractors during FY 2020-21 from the following network providers:

- Center for Human Services DMC# 50AD
- Nirvana DMC # 50VS

CD 1.4.8:

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

iv. Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.

Findings: The Plan did not provide evidence demonstrating the Sierra Vista Child and Family Services physician, Dr. Villanueva, received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education for calendar year 2019 for Sierra Vista Child and Family Services physician, Dr. Villanueva, was not provided.
- The continuing medical education submitted for calendar year 2020 for Sierra Vista Child and Family Services physician, Dr. Villanueva, was not provided.

The Plan did not provide evidence demonstrating the Valley Recovery physician, Dr. Gorman, received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education for calendar year 2019 for Valley Recovery physician, Dr. Gorman, was not provided.
- The continuing medical education for calendar year 2020 for Valley Recovery physician, Dr. Gorman, was not provided.

The Plan did not provide evidence demonstrating the Nirvana physician, Dr. Lyon, received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education submitted for calendar year 2019 for Nirvana physician, Dr. Lyon, totaled four (4) hours.
- The continuing medical education for calendar year 2020 for Nirvana physician, Dr. Gorman, was not provided.

CD 1.4.9:

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

v. 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 Stanislaus County's professional staff (LPHAs) received the annual five (5) hours of continuing education units in addiction medicine.

Specifically:

- The Plan submitted continuing education units for one (1) of three (3) County LPHA staff for calendar year 2019.
- The Plan submitted continuing education units for one (1) of three (3) County LPHA staff for calendar year 2020.

The Plan did not provide evidence demonstrating Aegis professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan submitted continuing education units for one (1) of three (3) subcontractor LPHA staff for calendar year 2019.

- The Plan submitted continuing education units for one (1) of three (3) subcontractor LPHA staff for calendar year 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 3.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, III. PP, 6, i, a-j

1. Personnel files shall be maintained on all employees, contracted positions, volunteers, and interns, and shall contain the following:
 - a. Application for employment and/or resume
 - b. Signed employment confirmation statement/duty statement
 - c. Job description
 - d. Performance evaluations
 - e. Health records/status as required by the provider, AOD Certification or CCR Title 9
 - f. Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries)
 - g. Training documentation relative to substance use disorders and treatment
 - h. Current registration, certification, intern status, or licensure
 - i. Proof of continuing education required by licensing or certifying agency and program
 - j. Provider's Code of Conduct.

Findings: The Plan did not provide evidence demonstrating personnel files are maintained on all County employees, volunteers and interns and contain the following:

- Application for employment and/or resume
- Signed employment confirmation statement/duty statement
- Job description
- Performance evaluations
- Health records/status as required by the provider, AOD Certification or CCR Title 9
- Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries)
- Training documentation relative to substance use disorders and treatment
- Current registration, certification, intern status, or licensure
- Proof of continuing education required by licensing or certifying agency and program
- Provider's Code of Conduct.

The Plan did not provide evidence demonstrating personnel files are maintained on all subcontract provider employees, volunteers and interns and contain the following:

- Application for employment and/or resume
- Signed employment confirmation statement/duty statement
- Job description
- Performance evaluations
- Health records/status as required by the provider, AOD Certification or CCR Title 9

- Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries)
- Training documentation relative to substance use disorders and treatment
- Current registration, certification, intern status, or licensure
- Proof of continuing education required by licensing or certifying agency and program
- Provider's Code of Conduct.

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 Stanislaus County's Medical Director, Dr. Bernard Mora, includes all required elements. The following required elements are missing, specifically:

- Signed and dated by the physician;
- Signed and dated by a provider representative;
- Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care;
- Ensure that physicians do not delegate their duties to non-physician personnel;
- Develop and implement medical policies and standards for the provider;
- 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; and
- Ensure that provider's physicians are adequately trained to perform other physician duties.

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 Stanislaus County's Medical Director, Dr. Bernard Mora includes all required elements. The following required elements are missing, specifically:

- Prohibition of social/business relationship with beneficiary's or their family members for personal gain;
- Prohibition of sexual contact with beneficiaries;
- Providing services beyond scope;
- Discrimination against beneficiary's or staff;
- Protection beneficiary confidentiality; and
- Cooperate with complaint investigations.

The Plan did not provide evidence demonstrating the Code of Conduct for Adolescent Last Resort Medical Director includes all required elements. The following required elements are missing, specifically:

- Signed and dated by the physician;
- Signed and dated by a provider representative;
- Use of drugs and/or alcohol;
- Prohibition of social/business relationship with beneficiary's or their family members for personal gain;
- Prohibition of sexual contact with beneficiaries;
- Conflict of interest;
- Providing services beyond scope;
- Discrimination against beneficiary's or staff;
- Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff;
- Protection beneficiary confidentiality; and

- Cooperate with complaint investigations.

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 deficiencies in access and information requirements were identified:

COMPLIANCE DEFICIENCIES:

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 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.

CD 4.3.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 11, i

11. Trafficking Victims Protection Act of 2000

- i. Contractor and its subcontractors that provide services covered by this Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702. For full text of the award term, go to:
<http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim>

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 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 Trafficking Victims Protection Act of 2000 (22 USC 7104(g)) provision.

TECHNICAL ASSISTANCE

Stanislaus County did not request Technical Assistance during the FY 21-22 review.