



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



GAVIN NEWSOM  
GOVERNOR

June 30, 2020

Sent via e-mail to: [esergienko@mariposacounty.org](mailto:esergienko@mariposacounty.org)

Dr. Eric Sergienko, MD, MPH, Interim Director  
Mariposa County Human Services  
5362 Lemee Lane  
Mariposa, CA 95338

SUBJECT: Annual County Compliance Unit Report

Dear Interim Director Sergienko:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the State Plan Drug Medi-Cal (DMC) Contract operated by Mariposa 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 Mariposa County's State Fiscal Year 2019-20 State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Mariposa County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the Medi-Cal Behavioral Health Division (MCBHD), Plan and Network Monitoring Branch (PNMB), County Monitoring Unit (CMU) Analyst by 7/30/2020. 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](mailto:MCBHDMonitoring@dhcs.ca.gov).

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

*BLCounter*

Becky Counter  
(916) 713-8567  
[becky.counter@dhcs.ca.gov](mailto: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: Interim Director Sergienko,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief  
Mayumi Hata, Audits and Investigations, County Compliance Unit Chief  
Michael Bivians, Audits and Investigations, County Compliance Unit II Chief  
Janet Rudnick, Audits and Investigations, Provider Compliance Unit Chief  
Kamilah Holloway, Medi-Cal Behavioral Health Division, Plan and Network Monitoring Branch Chief  
[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County and Provider Monitoring Unit  
Baljit Hundal, MSW, Mariposa County Interim Division Director for Behavioral Health  
Kathleen Paxton-Bailey, PhD, Mariposa County Social Worker Supervisor II  
Lynn Rumpfelt, Mariposa County Administrative Analyst I

<b>Lead CCU Analyst:</b> Becky Counter	<b>Date of Review:</b> June 2020
<b>Assisting CCU Analyst(s):</b> N/A	
<b>County:</b> Mariposa	<b>County Address:</b> 5362 Lemee Lane Mariposa, CA 95338
<b>County Contact Name/Title:</b> Lynn Rumfelt / Administrative Analyst I	<b>County Phone Number/Email:</b> (209) 742-0821 lrumfelt@mariposahsc.org
<b>Report Prepared by:</b> Becky Counter	<b>Report Approved by:</b> Mayumi Hata

## REVIEW SCOPE

- I. Regulations:
  - a. California Code of Regulations, Title 22, section 51341.1 – Drug Medi-Cal Substance Use Disorder Services
  - b. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
  - c. 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
  - d. 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 State County Contract, herein referred to as State County Contract
  - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
  - c. State Fiscal Year (SFY) 2019-20 Intergovernmental Agreement (IA)

**SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD)**

<b>Section:</b>	<b>Number of CD's:</b>
<b>1.0 Administration</b>	<b>0</b>
<b>2.0 Beneficiary Services</b>	<b>0</b>
<b>3.0 Service Provisions</b>	<b>0</b>
<b>4.0 Access</b>	<b>0</b>
<b>5.0 Monitoring</b>	<b>2</b>
<b>6.0 Program Integrity</b>	<b>2</b>
<b>7.0 Compliance</b>	<b>3</b>

## CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 3, 7, (a-d) each compliance deficiency (CD) identified must be addressed via a Corrective Action Plan (CAP). The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory recommendations 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) Who will be responsible for correction and ongoing compliance.

The CMU analyst will monitor progress of the CAP completion.

## 5.0 MONITORING

The following DMC deficiencies in regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 5.9:**

Exhibit A, Attachment I, Part I, Section 4, A, 2, f

- f) Contractor shall implement and maintain compliance with the system of review described in Title 22, Section 51341.1(k), for the purpose review utilization, quality, and appropriateness of covered services and ensuring that all applicable Medi-Cal requirements are met.

Exhibit A, Attachment I, Part I, Section 4, B, 1, b

- b) Contractor shall conduct, at least annually, an audit of DMC providers to assure covered services are being appropriately rendered. The annual audit must include an on-site visit of the service provider. Reports of the annual review shall be provided to DHCS's Performance Management Branch at:

**Finding:** The County's system for ensuring DMC services are meeting all Medi-Cal requirements does not include evaluating the following areas for utilization and quality:

- Minimum Quality Drug Treatment Standards (MQDTS)

#### **CD 5.11:**

Exhibit A, Attachment I, Part I, Section 4, B, 1, b

- b) Contractor shall conduct, at least annually, an audit of DMC providers to assure covered services are being appropriately rendered. The annual audit must include an on-site visit of the service provider. Reports of the annual review shall be provided to DHCS's Performance Management Branch at:

Department of Health Care Services  
SUD - Program, Policy and Fiscal Division  
Performance & Integrity Branch  
PO Box 997413, MS-2627  
Sacramento, CA 95899-7413

Or by secure, encrypted email to: [SUDCountyReports@dhcs.ca.gov](mailto:SUDCountyReports@dhcs.ca.gov)

**Finding:** The County did monitor two (2) of their service area providers and did not monitor one (1) of their service area providers. The County did submit two (2) monitoring reports securely within the two weeks of issuance.

## 6.0 PROGRAM INTEGRITY

The following DMC deficiencies in regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 6.18:**

##### Document 2F(a), A, 5

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC. If conflict between regulations and standards occurs, the most restrictive shall apply.

##### A. Personnel Policies

5. Written roles and responsibilities and a code of conduct for the medical director shall be clearly documented, signed and dated by a program representative and physician.

##### Document 2F(a), A, 3

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC. If conflict between regulations and standards occurs, the most restrictive shall apply.

##### A. Personnel Policies

3. Written 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 beneficiary's 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 beneficiary's or staff;
  - g) Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff;
  - h) Protection beneficiary confidentiality;
  - i) The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under; and
  - j) Cooperate with complaint investigations.

**Finding:** The Code of Conduct for Medical Directors for Mariposa County did not include the following requirements:

- 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;
- The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under; and
- Cooperate with complaint investigations.

The Code of Conduct for Medical Directors for Aegis was signed by the physician and program representative yet did not include the following requirements:

- 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;
- The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under; and
- Cooperate with complaint investigations.

**CD 6.19:**

Exhibit A, Attachment I, Part III, C, 3 - 6

The CalOMS-Tx business rules and requirements are:

3. Electronic submission of CalOMS-Tx data shall be submitted by Contractor within 45 days from the end of the last day of the report month.
4. Contractor shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (Document 3J) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS-Tx data collection.
5. Contractor shall submit CalOMS-Tx admission, discharge, annual update, resubmissions of records containing errors or in need of correction, and "provider no activity" report records in an electronic format approved by DHCS.
6. Contractor shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS identified in Document 3S for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.

**Finding:** The following CalOMS-Tx report is non-compliant:

- Open Admissions Report

## 7.0 COMPLIANCE

During the SFY 2019-20 review, the following CAPs with CDs were discussed and are still outstanding.

**State Fiscal Year: 2018-19**

**CD #: 9.59**

**Finding:** The County does not have a process in place to notify [DHCSMPF@dhcs.ca.gov](mailto:DHCSMPF@dhcs.ca.gov) within two business days of notification or discovery of subcontractors' contract termination.

**Reason for non-clearance of CD:** SUD Access & Services Policy & Procedure will be updated to include contract termination notification.

**County plan to remediate:** Upon further review, it was decided that these additions were more suited to the Provider Monitoring and Procedure Policy and Procedure than the SUD Access and Services Policy and Procedure. Provider Monitoring Policy and Procedure had been updated with termination notification verbiage. The County will notify The Department of Health Care Services (DHCS) within two business days of notification or discovery of subcontractors contract termination.

**Original expected date of completion:** 10/31/19

**Updated/ revised date of completion:** Per County, this item is complete however based on the Internal Compliance documentation from the DMC Liaison, additional evidence is required to resolve this deficiency.

**State Fiscal Year: 2018-19**

**CD #: 9.65**

**Finding:** The County did not provide evidence that they ensure all DMC programs have medical policies and standards developed and approved by the programs' medical director.

**Reason for non-clearance of CD:** Staff turnover and miscommunication with county HR regarding the update job description.

**County plan to remediate:** Medical Director's job description will be updated to include SUD responsibilities.

**Original expected date of completion:** 12/31/19

**Updated/ revised date of completion:** July 2020

**State Fiscal Year: 2018-19**

**CD #: 9.66**

**Finding:** The County did not provide evidence that they ensure subcontracted medical directors receive five hours annually of continuing medical education units in addiction medicine.

**Reason for non-clearance of CD:** Staff turnover and miscommunication with county HR regarding the update job description.

**County plan to remediate:** The Medical Director job description updates is in process. Due to the length of time involved in this process, the Medical Director has signed a SUD Medical Director Responsibility Statement.

**Original expected date of completion:** 12/31/19

**Updated/ revised date of completion:** July 2020

**TECHNICAL ASSISTANCE**

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