



July 03, 2023

THIS LETTER SENT VIA EMAIL TO: AREllis@placer.ca.gov

Ms. Amy Ellis, Deputy Director
Placer County Health and Human Services Department
11512 B Ave., Dewitt Center
Auburn, CA 95603

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS
REPORT

Dear Deputy Director Ellis:

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) and the terms of the Intergovernmental Agreement operated by Placer County.

The County Compliance Section (CCS) 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 Placer County's Fiscal Year 2023-24 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Placer County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) to the Medi-Cal Behavioral Health – Oversight and Monitoring Division (MCBH-OMD), County/Provider Operations and Monitoring Branch (CPOMB) Liaison by 9/04/2023. Please use the enclosed CAP form to submit the completed CAP and supporting documentation via the MOVEit Secure Managed File Transfer System. For instructions on how to submit to the correct MOVEit folder, email MCBHOMDMonitoring@dhcs.ca.gov.

If you have any questions, please contact me at emanuel.hernandez@dhcs.ca.gov.

Sincerely,

Emanuel Hernandez | County Compliance Monitoring II Analyst

Distribution:

To: Deputy Director Ellis,

Cc: Mateo Hernandez, Audits and Investigations, Contracts and Enrollment Review
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Catherine Hicks, Audits and Investigations, Behavioral Health Compliance
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MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and
Monitoring Branch
Julia Soto, Placer County QM Program Manager
Susan Stephens, Placer County Staff Services Analyst

COUNTY REVIEW INFORMATION

County:
Placer

County Contact Name/Title:
Ms. Amy Ellis, Deputy Director

County Address:
11512 B Avenue
Auburn, CA 95603

County Phone Number/Email:
(530) 889-7256
AREllis@placer.ca.gov

Date of DMC-ODS Implementation:
11/01/2018

Date of Review:
04/18/2023

Lead CCM Analyst:
Emanuel Hernandez

Assisting CCM 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 Advancing & Innovating Medi-Cal (CalAIM) 1915(b) Waiver
 - b. Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care
 - c. California Code of Regulations, Title 9, Division 4: Department of Drug and Alcohol Programs
 - d. California Health and Safety Code, Chapter 3 of Part 1, Division 10.5: Alcohol and Drug Programs
 - e. California Welfare and Institutions Code, Division 9, Part 3, Chapter 7, sections 14000 et seq., in particular but not limited to sections 14100.2, 14021, 14021.5, 14021.6, 14021.51-14021.53, 14124.20-14124.25, 14043, et seq., 14184.100 et seq. and 14045.10 et seq.: Basic Health Care
- II. Program Requirements:
 - a. Fiscal Year (FY) 2021-22 Intergovernmental Agreement (IA)
 - b. Fiscal Year (FY) 2022-23 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 04/18/2023. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, County Compliance Monitoring II (CCM II) Analyst
Imani Dunlap, County/Provider Operations and Monitoring Branch (CPOMB) Analyst

- Representing Placer County:
Amy R Ellis, Deputy Director, ASOC
Twylla Abrahamson, Deputy Director, CSOC
Dr. Amy Hayes, Assistant Program Director, ASOC
Jennifer Cook, Assistant Program Director, CSOC
Julia Soto, QM Program Manager, SOC
Leslie Roth, Program Manager, CSOC (CMH/Crisis/FMT/FURS)
Scott Genschmer, Program Manager, ASOC (ODS and MH)
Daniel Apgar, Program Supervisor, ASOC (ODS)
Megan Jones, Program Supervisor, CSOC
Susan Stephens, QM Analyst, SOC
Kelly Couture, QA Supervisor, SOC
Nathan Cozington, Client Services Practitioner SR (ODS)
Jaime Gallagher, Program Supervisor, ASOC (HLT/Cal Works/AB109)
Maria Sanchez, Accountant, HHS Fiscal

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of review process
- Placer County overview of services provided

Exit Conference:

An Exit Conference was conducted via WebEx on 4/18/2023. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, CCM II Analyst
Imani Dunlap, CPOMB Analyst

- Representing Placer County:
Amy R Ellis, Deputy Director, ASOC
Twylla Abrahamson, Deputy Director, CSOC
Dr. Amy Hayes, Assistant Program Director, ASOC
Jennifer Cook, Assistant Program Director, CSOC
Julia Soto, QM Program Manager, SOC
Leslie Roth, Program Manager, CSOC (CMH/Crisis/FMT/FURS)
Scott Genschmer, Program Manager, ASOC (ODS and MH)
Daniel Apgar, Program Supervisor, ASOC (ODS)
Megan Jones, Program Supervisor, CSOC
Susan Stephens, QM Analyst, SOC
Kelly Couture, QA Supervisor, SOC
Nathan Cozington, Client Services Practitioner SR (ODS)
Jaime Gallagher, Program Supervisor, ASOC (HLT/Cal Works/AB109)
Maria Sanchez, Accountant, HHS Fiscal

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

SUMMARY OF FY 2022-23 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>		<u>Number of CDs</u>
1.0	Availability of DMC-ODS Services	3
2.0	Coordination of Care Requirements	0
3.0	Quality Assurance and Performance Improvement	1
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 QQ 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 2022-23 CAP:

- a) A list of action steps to be taken to correct the CD.
- b) The name of the person who will be responsible for corrections and ongoing compliance.
- c) Provide a specific description on how ongoing compliance is ensured.
- d) 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 1.1.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, C, 2, ii-iv

- ii. In accordance with the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate under section 1905(r) of the Act, the Contractor shall ensure that all beneficiaries under age 21 receive all applicable SUD services needed to correct or ameliorate health conditions that are coverable under section 1905(a) of the Act. Nothing in the DMC-ODS limits or modifies the scope of the EPSDT mandate, and a participating DMC-ODS County is responsible for the provision of SUD services pursuant to the EPSDT mandate.
- iii. DMC-ODS services must be medically necessary. Pursuant to W&I Code section 14059.5(a) for individuals 21 years of age or older, a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
- iv. For individuals under 21 years of age, a service is “medically necessary” or a “medical necessity” if the service is necessary to correct or ameliorate screened health conditions. Consistent with federal guidance, services need not be curative or completely restorative to ameliorate a health condition, including substance misuse and SUDs. Services that sustain, support, improve, or make more tolerable substance misuse or an SUD are considered to ameliorate the condition and are thus covered as EPSDT services. (Section 1396d(r)(5) of Title 42 of the United States Code; W&I Code section 14059.5(b)(1)).

BHIN 22-003

Under the EPSDT mandate, in addition to Medi-Cal managed care plans’ obligation to provide EPSDT screening services and non-specialty mental health services to all members under age 21, as well as provide Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) services to members ages 11 years and older with a potential SUD or condition, counties are obligated to provide screening and early intervention services to beneficiaries under the age of 21 at risk of developing an SUD regardless of whether they meet diagnosis criteria for a behavioral health disorder. Any beneficiary under the age of 21 who is screened and determined to be at risk of developing an SUD may receive any service component covered under the outpatient level of care as early intervention services. A diagnosis from the Diagnostic and Statistical Manual or International Classification of Diseases, Tenth Edition (ICD-10) for Substance-

Related and Addictive Disorders is not required for early intervention services. Early intervention services are provided under the outpatient treatment modality and must be made available by counties based on individual clinical need, even if the beneficiary under age 21 is not participating in the full array of outpatient treatment services.

Findings: The Plan did not provide evidence to demonstrate beneficiaries under the age of 21 who are screened and determined to be at risk of developing and SUD may receive any service component covered under the outpatient level of care as early intervention services, specifically;

- Screening;
- Group Counseling;
- Individual Counseling; and
- Patient Education.

CD 1.3.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, vi

- vi. 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 the requested evidence to demonstrate six (6) subcontractor non-physician professional staff (LPHA) received the annual five (5) hours of continuing education units (CEU) in addiction medicine. The Plan did provide five (5) of the requested six (6) sets of annual five (5) hours of CEU in addiction medicine. Of the five sets of annual five (5) hours of CEU's in addiction medicine submitted:

- The CEU's submitted for calendar year 2021 for Lori Mathews (Aegis), totaled only one (1) hour.

CD 1.3.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c

- c. The Contractor shall ensure that all personnel who provide WM services or who monitor or supervise the provision of such service shall meet additional training requirements set forth in BHIN 21-001 and its accompanying exhibits.

BHIN 21-001

Findings: The Plan did not provide evidence to demonstrate all personnel who provide Withdrawal Management (WM) services or who monitor or supervise the provision of such service meet the additional training set forth in BHIN 21-001, specifically;

- Certified in cardiopulmonary resuscitation;
- Certified in first aid;
- Trained in the use of Naloxone,

- Six (6) hours of orientation training for all personnel providing WM services, monitoring and supervising the provision of WM services;
- Repeated orientation training within 14-days for returning staff following a 180 continuous day break in employment;
- Eight (8) hours of training annually that covers the needs of residents who receive WM services;
- Training documentation must be maintained in personnel records; and
- Personnel training shall be implemented and maintained by the licensee pursuant to CCR, Title 9, Section 10564(k).

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 deficiency in quality assurance and performance improvement was identified:

COMPLIANCE DEFICIENCY:

CD 3.3.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, i, c-f

- i. The CalOMS-Tx business rules and requirements are:
 - c. 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.
 - d. 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 and reporting requirements.
 - e. 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.
 - f. 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.

Findings: The Plan’s Open Admissions report is not in compliance.

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 6.3.1

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 1 iv, a-b

- iv. Compliance with applicable laws and conflict of interest safeguards.
 - a. The Contractor shall comply with all applicable Federal and state laws and regulations including:
 - i. Title VI of the Civil Rights Act of 1964.
 - ii. Title IX of the Education Amendments of 1972 (regarding education programs and activities).
 - iii. The Age Discrimination Act of 1975; the Rehabilitation Act of 1973.
 - iv. The Americans with Disabilities Act of 1990 as amended.
 - v. Section 1557 of the Patient Protection and Affordable Care Act.
 - b. The Contractor shall comply with the conflict of interest safeguards described in 42 CFR §438.58 and with the prohibitions described in section 1902(a)(4)(C) of the Act applicable to contracting officers, employees, or independent contractors.

Findings: The Plan did not provide evidence to demonstrate Plan and subcontractor compliance with the conflict of interest safeguards described in 42 CFR §438.58 and with the prohibitions described in section 1902(a)(4)(C) of the Act applicable to contracting officers, employees, or independent contractors. Specifically, the Plan did not provide monitoring for fiscal year 2021/2022 or completed codes of conduct for calendar year 2021 demonstrating compliance.

TECHNICAL ASSISTANCE

Placer County did not request any technical assistance.