



August 17, 2023

THIS LETTER SENT VIA EMAIL TO: scollard@co.siskiyou.ca.us

Ms. Sarah Collard, Director
Siskiyou County Behavioral Health Division
2060 Campus Drive
Yreka, CA 96097

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS REPORT

Dear Director Collard:

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 Siskiyou County.

The County Compliance Section (CCS) within Audits and Investigations (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 Siskiyou County's Fiscal Year 2022-23 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Siskiyou 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 10/16/2023. 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 katrina.beedy@dhcs.ca.gov.

Sincerely,

Katrina Beedy | County Compliance Monitoring II Analyst

Distribution:

To: Director Collard,

Cc: Mateo Hernandez, Audits and Investigations, Contract and Enrollment Review Division Chief
Catherine Hicks, Audits and Investigations, Behavioral Health Review Branch Chief
Ayesha Smith, Audits and Investigations, County Compliance Section Chief
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief
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MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Toby Reusze, Siskiyou County AOD Administrator
Dee Barton, Siskiyou County Compliance Program Manager
Wendy Millis, Partnership HealthPlan of California, PHC Wellness and Recovery Program, Program Manager I
Nicole Talley, Partnership HealthPlan of California, Behavioral Health Senior Program Manager

COUNTY REVIEW INFORMATION

County:

Siskiyou County

County Contact Name/Title:

Toby Reusze/AOD Administrator

County Address:

2060 Campus Drive
Yreka, CA 96097

County Phone Number/Email:

530-841-4789
treusze@co.siskiyou.ca.us

Date of DMC-ODS Implementation:

7/1/2020

Date of Review:

6/20/2023

Lead CCM Analyst:

Katrina Beedy

Assisting CCM Analyst:

N/A

Report Prepared by:

Katrina Beedy

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 6/20/2023. The following individuals were present:

- Representing DHCS:
Katrina Beedy, County Compliance Monitoring II Analyst
- Representing Siskiyou County:
Toby Reusze, AOD Administrator
Dee Barton, Compliance Program Manager
- Representing Partnership HealthPlan of California (PHC)
Wendy Millis, Program Manager
Nicole Talley, Behavioral Health Manager
Josette McKrola, Behavioral Health Quality & Compliance Specialist

During the Entrance Conference, the following topics were discussed:

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

Exit Conference:

An Exit Conference was conducted via WebEx on 6/20/2023. The following individuals were present:

- Representing DHCS:
Katrina Beedy, CCM II Analyst
Cristina Whitlock, County/Provider Operations and Monitoring Branch (CPOMB) Analyst
- Representing Siskiyou County:
Toby Reusze, AOD Administrator
Dee Barton, Compliance Program Manager
- Representing Partnership HealthPlan of California (PHC)
Wendy Millis, Program Manager
Nicole Talley, Behavioral Health Manager
Josette McKrola, Behavioral Health Quality & Compliance Specialist

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	4
2.0 Coordination of Care Requirements	1
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	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 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 1.1.3:

BHIN 21-071 Level of Care Determination

In addition to being medically necessary, all SUD treatment services provided to a DMC beneficiary must be clinically appropriate to address that beneficiary's presenting condition.

In accordance with W&I Code 14184.402(e), providers must use the criteria adopted by the American Society of Addiction Medicine (ASAM) to determine the appropriate level of SUD treatment service for DMC beneficiaries. However, a full assessment utilizing the ASAM criteria is not required for a DMC beneficiary to begin receiving covered and reimbursable SUD treatment services; an abbreviated ASAM screening tool may be used for initial screening, referral, and access to clinically appropriate services.

- For DMC beneficiaries 21 and over, a full assessment using the ASAM Criteria shall be completed within 30 days of the beneficiary's first visit with a licensed professional of the healing arts (LPHA) or registered/certified counselor.
- For DMC beneficiaries under 21, or for adults experiencing homelessness, a full assessment using the ASAM criteria shall be completed within 60 days of the DMC beneficiary's first visit with an LPHA or registered/certified counselor.
- If a DMC beneficiary withdraws from treatment prior to completing the ASAM assessment and later returns, the time period starts over.

Welfare & Institutions Code 14184.402(e)

Findings: For DMC beneficiaries 21 and over, the Plan did not provide evidence that it ensures a licensed professional of the healing arts (LPHA) or registered/certified counselor completes a full assessment using the ASAM Criteria within 30 days of the beneficiary's first visit.

CD 1.3.1:

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 it ensures that physicians receive a minimum of five hours of continuing medical education related to addiction medicine each year.

CD 1.3.2:

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 it ensures that professional staff (LPHAs) receive a minimum of five hours of continuing education related to addiction medicine each year.

CD 1.3.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, U, 1-2

1. The Contractor shall ensure network providers deliver, at a minimum, one of the five levels of withdrawal management (WM) services according to the ASAM Criteria, when determined by a Medical Director or LPHA as medically necessary, and in accordance with the beneficiary's individualized treatment plan.
2. The Contractor shall ensure that all beneficiaries receiving both residential services and WM services are monitored during the detoxification process.

BHIN 21-001

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 (Exhibit A).

Findings: The Plan did not provide evidence it ensures that all personnel who provide WM services or who monitor or supervise the provision of such service meet additional training requirements set forth in BHIN 21-001 and its accompanying exhibits (Exhibit A). Specifically, the Plan did not provide evidence that the following training requirement was met for applicable WM staff:

- Repeated orientation training within 14-days for returning staff following a 180 continuous day break in employment.

Category 2: COORDINATION OF CARE

A review of the coordination of care requirements and continuity of care was conducted to ensure compliance with applicable regulations, and standards. The following deficiency in the coordination of care requirements was identified:

COMPLIANCE DEFICIENCY:

CD 2.1.3

Intergovernmental Agreement Exhibit A, Attachment I, III, Y, 13, i

13. Youth Treatment Guidelines

- i. Contractor shall follow the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Agreement is required for new guidelines to be incorporated into this Agreement.

Adolescent Best Practices Guide

3.1.6 Case Management and Care Coordination

Adolescents are often involved in multiple systems while in or on their path to treatment and throughout their recovery (see Systems Collaboration section for additional information). Effective adolescent services coordinate with the adolescent's family and with professionals from the various systems with which he or she interacts (e.g., mental health, physical health care, education, social services, child welfare, and juvenile justice). Involvement of these professionals, as identified by the team, assists in developing and executing a comprehensive treatment plan. Case managers (e.g., care coordinators) provide continuous support for the adolescents, ensuring there are linkages

Findings: The Plan did not provide evidence it ensures that case managers coordinate services with applicable systems of care (mental health, physical health care, education, social services, child welfare, and juvenile justice, etc.) for adolescent beneficiaries.

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, FF, 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.

TECHNICAL ASSISTANCE

The Plan did not request technical assistance during this review.