



August 17, 2023

THIS LETTER SENT VIA EMAIL TO: ECowan@solanocounty.com

Ms. Emery Cowan, Behavioral Health Director
Solano County Department of Health & Social Services
275 Beck Ave.
Fairfield, CA 94533

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS REPORT

Dear Director Cowan:

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 Solano 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 Solano County's Fiscal Year 2022-23 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Solano 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 Cowan,

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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Rob George, Solano County SUD Senior Manager
Judeth Greco-Gregory, Solano County SUD Supervisor
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:

Solano County

County Contact Name/Title:

Rob George/SUD Senior Manager

County Address:

275 Beck Ave.
Fairfield, CA 94533

County Phone Number/Email:

(707) 784-8341
RGeorge@solanocounty.com

Date of DMC-ODS Implementation:

7/1/2020

Date of Review:

6/8/2023

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 6/8/2023. The following individuals were present:

- Representing DHCS:
Katrina Beedy, County Compliance Monitoring II (CCM II) Analyst
- Representing Solano County:
Emery Cowan, Interim Behavioral Health Director
Ruth Leonard, Quality Assurance Supervisor
Judeth Greco-Gregory, SUD Supervisor
Rob George, SUD Senior 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
- Solano County overview of services provided

Exit Conference:

An Exit Conference was conducted via WebEx on 6/8/2023. The following individuals were present:

- Representing DHCS:
Katrina Beedy, CCM II Analyst
- Representing Solano County:
Ruth Leonard, Quality Assurance Supervisor
Judeth Greco-Gregory, SUD Supervisor
Rob George, SUD Senior 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	2
2.0 Coordination of Care Requirements	1
3.0 Quality Assurance and Performance Improvement	3
4.0 Access and Information Requirements	3
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 1.3.3:

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 deficiencies in quality assurance and performance improvement were identified:

COMPLIANCE DEFICIENCIES:

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.

CD 3.3.2:

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 Provider report is not in compliance.

CD 3.3.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 6, i, a-d

- i. The DATAR business rules and requirements:
 - a. The Contractor shall be responsible for ensuring that the Contractor-operated treatment services and all treatment providers with whom Contractor subcontracts or otherwise pays for the services, submit a monthly DATAR report in an electronic copy format as provided by DHCS.
 - b. In those instances where the Contractor maintains, either directly or indirectly, a central intake unit or equivalent, which provides intake services including a waiting list, the Contractor shall identify and begin submitting monthly DATAR reports for the central intake unit by a date to be specified by DHCS.
 - c. The Contractor shall ensure that all DATAR reports are submitted to DHCS by the 10th of the month following the report activity month.
 - d. The Contractor shall ensure that all applicable providers are enrolled in DHCS’ web-based DATAR program for submission of data, accessible on the DHCS website when executing the subcontract.

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

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 4.1.2:

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

1. The Contractor shall notify the Department of the termination of any subcontract, or Subcontractor's agreement with a network provider, and the basis for termination of the subcontract or agreement, within two business days. The Contractor shall submit the notification by secure, encrypted email to SUDCountyReports@dhcs.ca.gov.

Findings: The Plan did not provide evidence it meets the following notification requirements regarding termination of a subcontract or subcontractor agreement with network provider:

- DHCS is notified within two business days.
- Basis of termination is included in notification.

CD 4.1.3:

Intergovernmental Agreement Exhibit A, Attachment I, II, B, 2, xvi, a

- xvi. Information for all beneficiaries of the Contractor.
 - a. The Contractor shall make a good faith effort to give written notice of termination of a network provider, within 15 calendar days after receipt or issuance of the termination notice, to each beneficiary who received his or her primary care from, or was seen on a regular basis by, the terminated provider.

Findings: The Plan did not provide evidence it ensures that a good faith effort is made to give beneficiaries written notice of termination of their primary/regular network provider within 15 calendar days after receipt of issuance of the termination notice.

CD 4.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, LL, 4, v

4. The monitoring of accessibility of services outlined in the Quality Improvement (QI) Plan will at a minimum include:

v. Responsiveness of the beneficiary access line.

Findings: The Plan did not provide evidence that it ensures network providers meet the following QI Plan standard:

- Responsiveness of the beneficiary access line

Specifically, the DHCS County Compliance Monitoring analyst conducted two test calls of the PHC Carelon access line at 1-855-765-9703. One call was conducted before business hours, and one call was conducted during business hours. Summaries of compliance are provided below.

The first test call conducted during business hours at approximately 1:30 pm on 5/17/2023 was determined to be in compliance. After making a language selection on the call, the phone tree provided two options: Option 1 for member; and Option 2 for health care professional. Although the caller reached a call representative by staying on the line and not selecting any option, these options may be confusing for first time callers seeking assistance, especially if a caller is not a current Partnership member or health care professional. Nevertheless, the call representative Daniel answered all questions appropriately and caller received all information requested.

The second test call completed before business hours at approximately 7:20 am on 5/18/2023 was determined to be out of compliance. Although the call representative Dawn provided the SAMHSA website number, she could not provide other program information and indicated she could only provide referrals with a Medi-Cal ID number in the system. She also indicated that there would be more information available during business hours. The caller could not obtain the requested program information or referrals, and therefore the call was out compliance.

TECHNICAL ASSISTANCE

The Plan did not request technical assistance during this review.