



April 21, 2023

THIS LETTER SENT VIA EMAIL TO: april.giambra@lakecountyca.gov

April Giambra, Deputy Director
Lake County Health and Human Services
6302 Thirteenth Avenue
Lucerne, CA 95458

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC FINDINGS REPORT

Dear Deputy Director Giambra:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Drug Medi-Cal (DMC) Contract operated by Lake 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 protocol, discussion with County staff, and supporting documentation provided by the County. Enclosed are the results of Lake County's Fiscal Year (FY) 2022-23 DMC compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Lake 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 6/20/2023. 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 susan.volmer@dhcs.ca.gov.

Sincerely,

Susan Volmer | Compliance Monitoring II Analyst

Distribution:

To: Deputy Director Giambra,

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
Cindy Berger, Audits and Investigations, Provider Compliance Section Chief
Sergio Lopez, County/Provider Operations and Monitoring Section I Chief
Tony Nguyen, County/Provider Operations and Monitoring Section II Chief
MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and
Monitoring Branch
Robert Chalmers, Lake County Staff Services Analyst Senior Compliance

COUNTY REVIEW INFORMATION

County:

Lake

County Contact Name/Title:

Robert Chalmers/ Staff Services Analyst Senior Compliance

County Address:

6302 Thirteenth Avenue
Lucerne, CA 95458

County Phone Number/Email:

(707) 994-7090
robert.chalmers@lakecountyca.gov

Date of Review:

3/16/2023

Lead CCM Analyst:

Susan Volmer

Assisting CCM Analyst:

N/A

Report Prepared by:

Susan Volmer

Report Approved by:

Ayesha Smith

REVIEW SCOPE

- I. Regulations:
 - a. California Code of Regulations, Title 22, section 51341.1, 51490.1 and 51516.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. California Code of Regulations, Title 9, Division 4: Department of Alcohol and Drug Programs
 - c. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
 - d. Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Sections 14000, et seq.; 14100.2, 14021, 14021.51-14021.53, 14021.6, and 14124.20-14124.25, 14184.402, 14059.5: Basic Health Care – Drug Medi-Cal Treatment Program

- II. Program Requirements:
 - a. Fiscal Year (FY) 2021-22 State-County Contract, herein referred to as State County Contract
 - b. Fiscal Year (FY) 2022-23 State-County Contract, herein referred to as State County Contract
 - 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 3/16/2023. The following individuals were present:

- Representing DHCS:
Susan Volmer, County Compliance Monitoring II Analyst (CCM II)
- Representing Lake County:
April Giambra, Deputy Director Clinical
Elise Jones, Deputy Director Administration
Amber Westphal, Program Manager SUDS
Vanessa Mayer, Program Manager Compliance
Christine Andrus, Program Manager Fiscal
Robert Chalmers, Staff Services Analyst Senior Compliance
Amber Madero, Staff Services Analyst Senior Fiscal
Ken Ogawa, Staff Services Analyst I Compliance: SUDS
Melissa Poplin, Staff Services Analyst II Compliance: MH/SUDS

During the Entrance Conference, the following topics were discussed:

- Introductions
- County overview of services provided
- DHCS overview of review process

Exit Conference:

An Exit Conference was conducted via WebEx on 3/16/2023. The following individuals were present:

- Representing DHCS:
Susan Volmer, CCM II Analyst
- Representing Lake County:
April Giambra, Deputy Director Clinical
Elise Jones, Deputy Director Administration
Amber Westphal, Program Manager SUDS
Vanessa Mayer, Program Manager Compliance
Christine Andrus, Program Manager Fiscal
Robert Chalmers, Staff Services Analyst Senior Compliance
Amber Madero, Staff Services Analyst Senior Fiscal
Ken Ogawa, Staff Services Analyst I Compliance: SUDS
Melissa Poplin, Staff Services Analyst II Compliance: MH/SUDS

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission
- Technical Assistance referrals

SUMMARY OF FY 2022-23 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>	<u>Number of CDs</u>
1.0 Administration	1
2.0 Program Integrity	1
3.0 Perinatal Practice Guidelines	1
4.0 Youth Services	1
5.0 Reporting Requirements	3

Category 1: ADMINISTRATION

A review of the County's Administration was conducted to ensure compliance with applicable regulations and standards. The following deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 1.6:

DMC Contract, Exhibit A, Attachment I A1, Part I, Section 1

Title 22 Section 51341.1 (h)(6) (B)(ii)

- (i) For narcotic treatment program services, the discharge summary shall meet the requirements of Section 10415, Title 9, CCR.

Title 9 Section §10415 (g)(1-3)

- (g) The program shall complete a discharge summary for each patient who is terminated from treatment, either voluntarily or involuntarily. The discharge summary shall include at least the following:
- (1) The patient's name and date of discharge;
 - (2) The reason for the discharge; and
 - (3) A summary of the patient's progress during treatment.

Findings: The County did not provide evidence of compliance demonstrating it meets discharge summary requirements for narcotic treatment program beneficiaries terminated voluntarily or involuntarily from treatment. Specifically, the evidence does not include the following requirements:

- Patient's name and date of discharge.
- Reason for discharge.
- Summary of patient's progress during treatment.

Category 2: PROGRAM INTEGRITY

A review of the County's program integrity was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 2.1:

DMC Contract, Exhibit A, Attachment IA 1, Part III, B

The Contractor and subcontractors that provide DMC services shall be responsible for verifying the Medi-Cal eligibility of each beneficiary for each month of service prior to billing for DMC services to that beneficiary for that month. Medi-Cal eligibility verification shall be performed prior to rendering service, in accordance with and as described in DHCS' DMC Provider Billing Manual. Options for verifying the eligibility of a Medi-Cal beneficiary are described in the DHCS' DMC Provider Billing Manual.

Findings: The County did not provide evidence of compliance demonstrating that Medi-Cal eligibility verification is:

- Performed at both the County and subcontractor level.

Category 3: PERINATAL PRACTICE GUIDELINES

A review of the County's Perinatal Practice Guidelines was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 3.3:

DMC Contract, Exhibit A, Attachment I A1, Part II, I

I. Perinatal Practice Guidelines

The Contractor will follow the guidelines in Document 1G, "Perinatal Practice Guidelines," in developing and implementing perinatal treatment and recovery programs funded under this Exhibit, until new Perinatal Practice Guidelines are established and adopted. No formal amendment of this Contract is required for new guidelines to be incorporated into this Contract.

DMC Contract, Exhibit A, Attachment I A1, Part II, Q

Q. Subcontract Provisions

The Contractor shall include the foregoing Part II general provisions in all of its subcontracts.

Findings: The County did not provide evidence demonstrating that all of the foregoing State County Contract Exhibit A, Attachment I, Part II general provisions are included in all executed subcontracts, including the Perinatal Practice Guidelines provision.

Category 4: YOUTH SERVICES

A review of the County's Youth Services was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 4.3:

DMC Contract, Exhibit A, Attachment I A1, Part II, J

J. Youth Treatment Guidelines

The Contractor will follow the guidelines in Document 1V, "Youth Treatment Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until new Youth Treatment Guidelines are established and adopted. No formal amendment of this Contract is required for new guidelines to be incorporated into this Contract.

DMC Contract, Exhibit A, Attachment I A1, Part II, Q

Q. Subcontract Provisions

The Contractor shall include the foregoing Part II general provisions in all of its subcontracts.

Findings: The County did not provide evidence demonstrating that all of the foregoing State County Contract Exhibit A, Attachment I, Part II general provisions are included in all executed subcontracts, including the Youth Treatment Guidelines (Adolescent Best Practices Guidelines) provision.

Category 5: REPORTING REQUIREMENTS

A review of the County's reporting requirements was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiencies in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 5.1:

DMC Contract, Exhibit A, Attachment I A1, Part III; C, 3-6

3. Electronic submission of CalOMS-Tx data shall be submitted by the Contractor within 45 days from the end of the last day of the report month.
4. The 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. The 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. The 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 County's Open Admissions Report is out of compliance.

CD 5.2:

DMC Contract, Exhibit A, Attachment I A1, Part III; C, 3-6

7. Electronic submission of CalOMS-Tx data shall be submitted by the Contractor within 45 days from the end of the last day of the report month.
8. The 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.
9. The 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.
10. The 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 County's Open Providers Report is out of compliance.

CD 5.3:

DMC Contract, Exhibit A, Attachment I A1, Part III; E, 1-2

E. The DATAR business rules and requirements are:

1. The Contractor shall be responsible for ensuring that the Contractor-operated treatment services and all treatment providers with whom the Contractor makes a contract or otherwise pays for the services, submit a monthly DATAR report in an electronic copy format as provided by DHCS.
2. The Contractor shall ensure that all DATAR reports are submitted by either the Contractor-operated treatment providers and/or by each subcontracted treatment provider to DHCS by the 10th of the month following the report activity month.

Findings: The County's DATAR Non-Compliance Report is out of compliance.

TECHNICAL ASSISTANCE

DHCS CCM II Analyst will make referrals to the DHCS CPOMB County Liaison for training and/or technical assistance in the areas identified below:

Reporting Requirements: CalOMS-Tx and DATAR, County is requesting technical assistance to change permission to remove provider 170305 from DATAR reporting.