



August 17, 2023

THIS LETTER SENT VIA EMAIL TO: millerje@mendocinocounty.org

Ms. Jenine Miller, Behavioral Health Director
Mendocino County Health and Human Services Agency
1120 South Dora Street
Ukiah, CA 95482

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS REPORT

Dear Director Miller:

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

Mendocino 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 Miller,

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
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MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Jill Ales, Mendocino County Substance Use Program Services 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:

Mendocino County

County Contact Name/Title:

Jill Ales/Substance Use Program Services Manager

County Address:

1120 South Dora Street
Ukiah, CA 95482

County Phone Number/Email:

707-472-2618
alesj@mendocinocounty.org

Date of DMC-ODS Implementation:

7/1/2020

Date of Review:

6/13/2023

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 6/13/2023. The following individuals were present:

- Representing DHCS:
Katrina Beedy, County Compliance Monitoring II (CCM II) Analyst
Alessandra Rocha, County/Provider Operations and Monitoring Branch (CPOMB) Analyst
- Representing Mendocino County:
Jenine Miller, Behavioral Health Director
Mary Alice Willeford, Deputy Director, BHRS
Karen Lovato, Senior Program Manager
Navin Bhandari, Senior Program Manager
Mailea Pane, Fiscal Manager
Jill Ales, Substance Use Program Services Manager
Dustin Thompson, Quality Assurance
Kimberly Button, Senior Department Analyst
- Representing Partnership HealthPlan of California (PHC)
Wendy Millis, Program Manager
Nicole Talley, Behavioral Health Manager
Josette McKrola, Behavioral Health Quality & Compliance Specialist
Carina Monroy, Administrative Assistant II

During the Entrance Conference, the following topics were discussed:

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

Exit Conference:

An Exit Conference was conducted via WebEx on 6/13/2023. The following individuals were present:

- Representing DHCS:
Katrina Beedy, County CCM II Analyst
Alessandra Rocha, CPOMB Analyst

- Representing Mendocino County:
Jenine Miller, Behavioral Health Director
Mary Alice Willeford, Deputy Director, BHRS
Karen Lovato- Senior Program Manager
Navin Bhandari, Senior Program Manager
Mailea Pane, Fiscal Manager
Jill Ales, Substance Use Program Services Manager
Dustin Thompson, Quality Assurance
Kimberly Button, Senior Department Analyst

- Representing Partnership HealthPlan of California (PHC)
Wendy Millis, Program Manager
Nicole Talley, Behavioral Health Manager
Josette McKrola, Behavioral Health Quality & Compliance Specialist
Carina Monroy, Administrative Assistant II

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	1
2.0 Coordination of Care Requirements	1
3.0 Quality Assurance and Performance Improvement	0
4.0 Access and Information Requirements	1
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 deficiency in availability of DMC-ODS services was identified:

COMPLIANCE DEFICIENCY:

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 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 deficiency in access and information requirements was identified:

COMPLIANCE DEFICIENCY:

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.