



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

June 21, 2022

Sent via e-mail to: eckertk@co.monterey.ca.us

Kathryn Eckert, Behavioral Health Director
Monterey Behavioral Health Services
1270 Natividad Road
Salinas, CA 93906

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Eckert:

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) Waiver and the terms of the Intergovernmental Agreement operated by Monterey County.

The County Compliance Unit (CCU) 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 Monterey County's State Fiscal Year 2021-22 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Monterey County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) noted to the Medi-Cal Behavioral Health Division (MCBHD), Plan and Network Monitoring Branch (PNMB), County/Provider Operation and Monitoring Branch (CPOMB) Analyst by 8/22/2022. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CPOMB liaison at MCBHDMonitoring@dhcs.ca.gov.

If you have any questions or need assistance, please contact me at becky.counter@dhcs.ca.gov.

Sincerely,

Becky Counter
(916) 713-8567

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
1500 Capitol Ave., MS 2305
Sacramento, CA 95814
<http://www.dhcs.ca.gov>

Distribution:

To: Director Eckert,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief
Ayesha Smith, Audits and Investigations, Behavioral Health Compliance Unit Chief
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief
Cindy Berger, Audits and Investigations, Provider Compliance Unit Chief
Sergio Lopez, County/Provider Operations Monitoring Section I Chief
Tony Nguyen, County/Provider Operations Monitoring Section II Chief
MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Andy Heald, Monterey County Behavioral Health Services Manager II

COUNTY REVIEW INFORMATION

County:
Monterey

County Contact Name/Title:
Andy Heald/Behavioral Health Services Manager II

County Address:
1270 Natividad Road
Salinas, CA 93906

County Phone Number/Email:
(831) 755-6383
healdab@co.monterey.ca.us

Date of DMC-ODS Implementation:
7/1/2018

Date of Review:
5/12/2022

Lead CCU Analyst:
Becky Counter

Assisting CCU Analyst:
N/A

Report Prepared by:
Becky Counter

Report Approved by:
Ayesha Smith

REVIEW SCOPE

- I. Regulations:
 - a. Special Terms and Conditions (STCs) for California's Medi-Cal 2020 section 1115(a) Medicaid Demonstration STC, Part X: Drug Medi-Cal Organized Delivery System
 - b. Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care

- II. Program Requirements:
 - a. Fiscal Year (FY) 2020-21 Intergovernmental Agreement (IA)
 - b. Fiscal Year (FY) 2021-22 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 5/12/2022. The following individuals were present:

- Representing DHCS:
Becky Counter, Associate Governmental Program Analyst (AGPA)
Steve Rea, AGPA
- Representing Monterey County:
Andy Heald, Behavioral Health Services Manager II
Janet Barajas, Behavioral Health Services Manager for Quality Improvement
Thi Velasquez, Behavioral Health Unit Supervisor

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of review process
- Overview of services provided

Exit Conference:

An Exit Conference was conducted via WebEx on 5/12/2022. The following individuals were present:

- Representing DHCS:
Becky Counter, AGPA
Steve Rea, AGPA
- Representing Monterey County:
Andy Heald, Behavioral Health Services Manager II
Janet Barajas, Behavioral Health Services Manager for Quality Improvement
Thi Velasquez, Behavioral Health Unit Supervisor

During the Exit Conference, the following topics were discussed:

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

SUMMARY OF FY 2021-22 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>	<u>Number of CD's</u>
1.0 Availability of DMC-ODS Services	4
2.0 Coordination of Care	0
3.0 Quality Assurance and Performance Improvement	4
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 2021-22 CAP:

- a) DHCS' CAP Template used to document process.
- b) A list of action steps to be taken to correct the CD.
- c) The name of the person who will be responsible for corrections and ongoing compliance.
- d) Provide a specific description on how ongoing compliance is ensured
- e) 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 1.4.3:

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

- iii. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

Findings: The Plan did not provide evidence of monitoring personnel files for two (2) non-professional staff hired by subcontractors during FY 2020-21 from the following network provider:

- Sun Street Centers provider # 272728.

The Plan did not provide evidence of monitoring personnel files for two (2) professional/licensed staff hired by subcontractors during FY 2020-21 from the following network providers:

- Community Health Services provider # 272721.
- Sun Street Centers provider # 272728.

CD 1.4.4:

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

- ii. Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

Findings: The Plan did not provide evidence of appropriate onsite orientation and training for two (2) non-professional staff hired by subcontractors during FY 2020-21 from the following network providers:

- Sun Street Centers provider # 272725.
- Sun Street Centers provider # 272728.

The Plan did not provide evidence of appropriate onsite orientation and training for two (2) professional/licensed staff hired by subcontractors during FY 2020-21 from the following network providers:

- Community Health Services provider # 272735.
- Community Health Services-Genesis provider # 272721.

CD 1.4.8:

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 demonstrating Monterey County's physician received the annual five (5) hours of continuing medical education units in addiction medicine. Specifically:

- The continuing medical education submitted for calendar year 2020 for Monterey County's physician, Dr. Castellanos, was not provided.

The Plan did not provide evidence demonstrating the Community Health Services physician, Dr. Castellanos, received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education units for calendar year 2020 for the Community Health Services provider # 272709 physician, Dr. Castellanos, was not provided.

The Plan did not provide evidence demonstrating the Sun Street Centers physician, Dr. Castellanos, received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education units for calendar year 2020 for the Sun Street Centers provider # 272716 physician, Dr. Castellanos, was not provided.

The Plan did not provide evidence demonstrating the Community Health Services physician, Dr. Castellanos, received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education units for calendar year 2020 for the Community Health Services provider # 272721 physician, Dr. Castellanos, was not provided.

CD 1.4.9:

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 demonstrating Monterey County's professional staff (LPHAs) received the annual five (5) hours of continuing education units in addiction medicine.

Specifically:

- The Plan submitted continuing education units for one (1) of three (3) County LPHA staff for calendar year 2019.
- The Plan did not submit continuing education units for three (3) County LPHA staff for calendar year 2020.

The Plan did not provide evidence demonstrating the Sun Street Centers provider #272717 professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan submitted continuing education units for one (1) of three (3) subcontractor LPHA staff for calendar year 2019.

- The Plan did not submit continuing education units for three (3) subcontractor LPHA staff for calendar year 2020.

The Plan did not provide evidence demonstrating the Community Health Services provider # 272721 professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan did not submit continuing education units for three (3) subcontractor LPHA staff for calendar year 2019.
- The Plan did not submit continuing education units for three (3) subcontractor LPHA staff for calendar year 2020.

The Plan did not provide evidence demonstrating the Sun Street Centers provider # 272728 professional staff (LPHA) received the annual five (5) hours of continuing education in addiction medicine. Specifically:

- The Plan did not submit continuing education units for three (3) subcontractor LPHA staff for calendar year 2019.
- The Plan did not submit continuing education units for three (3) subcontractor LPHA staff for calendar year 2020.

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 3.2.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, i-ii

- i. The SUD Medical Director's responsibilities shall, at a minimum, include all of the following:
 - a. Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
 - b. Ensure that physicians do not delegate their duties to non-physician personnel.
 - c. Develop and implement written medical policies and standards for the provider.
 - d. Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.
 - e. Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
 - f. Ensure that provider's physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, and determine the medical necessity of treatment for beneficiaries.
 - g. Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.
- ii. The SUD Medical Director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, v

- v. Written roles and responsibilities and a code of conduct for the Medical Director shall be clearly documented, signed and dated by a provider representative and the physician.

Findings: The Plan did not provide evidence demonstrating the written roles and responsibilities for the Door to Hope provider # 272702 Medical Director, Dr. Castellanos, includes all required elements. The following required element is missing, specifically:

- The SUD Medical Director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.

The Plan did not provide evidence demonstrating the written roles and responsibilities for the Sun Street Centers provider # 270010 Medical Director, Dr. Castellanos, includes all required elements. The following required element is missing, specifically:

- The SUD Medical Director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.

CD 3.2.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, iii, a-i

- iii. Written provider code of conduct for employees and volunteers/interns shall be established which addresses at least the following:
- a. Use of drugs and/or alcohol
 - b. Prohibition of social/business relationship with beneficiaries or their family members for personal gain
 - c. Prohibition of sexual contact with beneficiaries
 - d. Conflict of interest
 - e. Providing services beyond scope
 - f. Discrimination against beneficiaries or staff
 - g. Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff
 - h. Protection of beneficiary confidentiality
 - i. Cooperate with complaint investigations

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, v

- v. Written roles and responsibilities and a code of conduct for the Medical Director shall be clearly documented, signed and dated by a provider representative and the physician.

Findings: The Plan did not provide evidence demonstrating the Code of Conduct for the Community Health Services provider # 272721 Medical Director, Dr. Castellanos, includes all required elements. The following required elements are missing, specifically:

- Signed and dated by the physician;
- Signed and dated by a provider representative;
- Use of drugs and/or alcohol;
- Prohibition of social/business relationship with beneficiary's or their family members for personal gain;
- Prohibition of sexual contact with beneficiaries;
- Conflict of interest;
- Providing services beyond scope;
- Discrimination against beneficiary's or staff;
- Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff;
- Protection beneficiary confidentiality; and
- Cooperate with complaint investigations.

CD 3.2.5:

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 9

9. The Contractor shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs. Monitoring shall occur at least annually.

Findings: The Plan did not provide evidence of the implemented annual mechanism for monitoring the safety and effectiveness of medication practices is under the supervision of a person licensed to prescribe or dispense prescription drugs.

CD 3.3.2:

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

1. The monitoring of accessibility of services outlined in the Quality Improvement (QI) Plan will at a minimum include:
 - i. Timeliness of first initial contact to face-to-face appointment.
 - ii. Frequency of follow-up appointments in accordance with individualized treatment plans.
 - iii. Timeliness of services of the first dose of OTP/NTP services.
 - iv. Access to after-hours care.
 - v. Responsiveness of the beneficiary access line.
 - vi. Strategies to reduce avoidable hospitalizations.
 - vii. Coordination of physical and mental health services with waiver services at the provider level.
 - viii. Assessment of the beneficiaries' experiences.
 - ix. Telephone access line and services in the prevalent non-English languages.

Findings: The Plan did not provide evidence demonstrating how subcontractor staff are monitored for the accessibility of services outlined in the Quality Improvement (QI) Plan including:

- Timeliness of services of the first dose of OTP/NTP services;
- Access to after-hours care; and
- Coordination of physical and mental health services with waiver services at the provider level.

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 4.1.1:

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

1. Contractor shall include instructions on record retention and include in any subcontract with providers the mandate to keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to WIC 14124.1 and 42 CFR 438.3(h) and 438.3(u).

WIC 14124.1

Each provider, as defined in Section 14043.1, of health care services rendered under the Medi-Cal program or any other health care program administered by the department or its agents or contractors, shall keep and maintain records of each service rendered under the Medi-Cal program or any other health care program administered by the department or its agents or contractors, the beneficiary or person to whom rendered, the date the service was rendered, and any additional information as the department may by regulation require. Records required to be kept and maintained under this section shall be retained by the provider for a period of 10 years from the final date of the contract period between the plan and the provider, from the date of completion of any audit, or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

Findings: The Plan did not provide evidence demonstrating that records are retained for ten years from the final date of the contract period between the County and the provider from the date of completion of any audit or from the date the service was rendered, whichever is later.

TECHNICAL ASSISTANCE

Monterey County did not request Technical Assistance in FY 21-22.