



June 6, 2023

THIS LETTER SENT VIA EMAIL TO: mchang@ruhealth.org

Mr. Matthew Chang, M.D., Director
Riverside University Health System-Behavioral Health
4095 County Circle Drive
Riverside, CA 92503

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS REPORT

Dear Director Chang:

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 Riverside 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 instrument, discussion with county staff, and supporting documentation provided by the County. Enclosed are the results of Riverside County's Fiscal Year 2022-23 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Riverside 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 8/7/2023. 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 becky.counter@dhcs.ca.gov.

Sincerely,

Becky Counter | Analyst

Distribution:

To: Director Chang,

Cc: Mateo Hernandez, Audits and Investigations, Contracts and Enrollment Review
Division Chief
Catherine Hicks, Audits and Investigations, Behavioral Health Compliance
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 Monitoring Section I Chief
Tony Nguyen, County/Provider Operations Monitoring Section II Chief
MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and
Monitoring Branch
Rhyan Miller, Riverside County Deputy Director Integrated Programs
Maureen Dopson, Riverside County Quality Improvement Administrator

COUNTY REVIEW INFORMATION

County:
Riverside

County Contact Name/Title:
Maureen Dopson, Quality Improvement Administrator

County Address:
3801 University Ave, Ste. 400
Riverside, CA 95971

County Phone Number/Email:
(951) 955-7146
mdopson@ruhealth.org

Date of DMC-ODS Implementation:
2/1/2017

Date of Review:
4/12/2023

Lead CCM Analyst:
Becky Counter

Assisting CCM 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 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 4/12/2023. The following individuals were present:

- Representing DHCS:
Becky Counter, County Compliance Monitoring II (CCM II) Analyst
Kionna Howard, County/Provider Operations Monitoring Branch (CPOMB) Analyst
- Representing Riverside County:
Rhyan Miller, Deputy Director Integrated Programs
April Frey, SAPT Administrator
Maureen Dopson, Quality Improvement Administrator
Heidi Gomez, Assistant Manager
Belinda Bills, Supervising BHS
Nicole Shaverdi, Administrative Services Supervisor
Ashley Trevino-Kwong, Administrative Services Manager
Eren Guerrero, Administrative Services Analyst
Joshua Rodriguez, Supervising OAI
Michael Blalock, Administrative Services Analyst
Yajaira Carrillo, Administrative Services Manager
Alex Arriaga, Administrative Services Analyst
Lindsey German, Administrative Services Analyst
Lorraine Uribe, Administrative Services Supervisor
Sarah Stewart, Administrative Services Officer
Brandon Jacobs, Deputy Director Quality Management

During the Entrance Conference, the following topics were discussed:

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

Exit Conference:

An Exit Conference was conducted via WebEx on 4/12/2023. The following individuals were present:

- Representing DHCS:
Becky Counter, CCM II Analyst
Kionna Howard, CPOMB Analyst

- Representing Riverside County:
Rhyan Miller, Deputy Director Integrated Programs
April Frey, SAPT Administrator
Maureen Dopson, Quality Improvement Administrator
Heidi Gomez, Assistant Manager
Belinda Bills, Supervising BHS
Nicole Shaverdi, Administrative Services Supervisor
Ashley Trevino-Kwong, Administrative Services Manager
Eren Guerrero, Administrative Services Analyst
Joshua Rodriguez, Supervising OAI
Michael Blalock, Administrative Services Analyst
Yajaira Carrillo, Administrative Services Manager
Alex Arriaga, Administrative Services Analyst
Lindsey German, Administrative Services Analyst
Lorraine Uribe, Administrative Services Supervisor
Sarah Stewart, Administrative Services Officer
Brandon Jacobs, Deputy Director Quality Management

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	3
2.0 Coordination of Care Requirements	0
3.0 Quality Assurance and Performance Improvement	2
4.0 Access and Information Requirements	1
5.0 Beneficiary Rights and Protections	1
6.0 Program Integrity	1

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part III, Section QQ 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 1.3.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, v

v. Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.

Findings: The Plan did not provide the requested evidence to demonstrate one (1) of the two (2) subcontracted Network providers physicians received the annual five (5) hours of continuing medical education in addiction medicine.

The Plan only provided evidence to demonstrate the physician from one (1) of the two (2) subcontracted network providers received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The continuing medical education submitted for calendar year 2021 for Latino Commission physician, Dr. Chun Tai, only totaled two and a half (2.5) hours.

CD 1.3.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, B, 1, vi

vi. 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 the requested evidence to demonstrate two (2) Riverside County's non-physician professional staff (LPHA) received the annual five (5) hours of continuing education units (CEU) in addiction medicine. The Plan provided only certificates of completion, which did not include completed hours of training, for Alejandro Avila and Robert Miles and not the requested two (2) sets of annual five (5) hours of continuing education units (CEU) in addiction medicine.

The Plan did not provide the requested evidence to demonstrate six (6) subcontractor non-physician professional staff (LPHA) received the annual five (5) hours of continuing education units (CEU) in addiction medicine. Specifically:

- The Plan provided five (5) of the requested six (6) sets of annual five (5) hours of continuing education units (CEU) in addiction medicine.

The Plan only provided evidence to demonstrate three (3) of the six (6) subcontractor non-physician professional staff (LPHA), received the annual five (5) hours of continuing

education units in addiction medicine. See additional details below:

- The Plan submitted evidence to demonstrate that James Entz with Cedar House, John Hynes with VARP, and Kathleen Smith with Cedar House all completed the required (5) hours of continuing education units.
- The continuing education units (CEU) submitted for Kim DePrati with Ranch Recovery were for 2020 and not for calendar year 2021 as requested.
- The continuing education units (CEU) submitted for Maureen Misuraca with Ranch Recovery were for calendar year 2022. Riverside County indicated that this staff was not employed by Ranch Recovery in 2021, and that this provider only has 1 LPHA other than the Medical Director. No credit could be applied for this submission.
- The sixth (6th) (LPHA) continuing education units (CEU) were not submitted.

CD 1.3.4:

Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, c

c. 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.

BHIN 21-001

Findings: The Plan did not provide evidence to demonstrate all personnel who provide Withdrawal Management (WM) services or who monitor or supervise the provision of such service meet the additional training set forth in BHIN 21-001, specifically;

- Certified in cardiopulmonary resuscitation;
- Certified in first aid;
- Trained in the use of Naloxone;
- Six (6) hours of orientation training for all personnel providing WM services, monitoring and supervising the provision of WM services;
- Repeated orientation training within 14-days for returning staff following a 180 continuous day break in employment;
- Eight (8) hours of training annually that covers the needs of residents who receive WM services;
- Training documentation must be maintained in personnel records; and
- Personnel training shall be implemented and maintained by the licensee pursuant to CCR, Title 9, Section 10564(k).

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, LL, 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 3.3.3:

Intergovernmental Agreement Exhibit A, Attachment, III, MM, 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 deficiency in access and information requirements was identified:

COMPLIANCE DEFICIENCY:

CD 4.3.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 16, i-v

16. State Law Requirements:

- i. Fair Employment and Housing Act (Gov. Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (Cal. Code Regs., tit. 2, Div. 4 § 7285.0 et seq.).
- ii. Title 2, Division 3, Article 9.5 of the Gov. Code, commencing with Section 11135.
- iii. Cal. Code Regs., tit. 9, div. 4, chapter 8, commencing with §10800.
- iv. No state or Federal funds shall be used by the Contractor, or its subcontractors, for sectarian worship, instruction, and/or proselytization. No state funds shall be used by the Contractor, or its subcontractors, to provide direct, immediate, or substantial support to any religious activity.
- v. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Agreement or terminate all, or any type, of funding provided hereunder.

Intergovernmental Agreement Exhibit A, Attachment I, III, CC, 18, i

18. Subcontract Provisions

- i. Contractor shall include all of the foregoing provisions in all of its subcontracts.

Findings: The Plan did not provide evidence to demonstrate all State Law Requirements from the Intergovernmental Agreement, Exhibit A, Attachment I, III, CC, 16, i-v, foregoing provision is included in all subcontracts, specifically missing:

- Noncompliance with the requirements of nondiscrimination in services constitutes grounds for state to withhold payments or terminate all, or any type, of funding provided.

Category 5: BENEFICIARY RIGHTS AND PROTECTIONS

A review of the grievance and appeals was conducted to ensure compliance with applicable regulations and standards. The following deficiency in beneficiary rights and protections for regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 5.2.1:

Intergovernmental Agreement Exhibit A, Attachment I, II, L, 1-3, i-iii

1. The Contractor shall designate a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law.
2. The Contractor shall adopt Discrimination Grievance procedures that ensure the prompt and equitable resolution of discrimination-related complaints. The Contractor shall not require a beneficiary to file a Discrimination Grievance with the Contractor before filing the grievance directly with DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.
3. The Discrimination Grievance Coordinator shall be available to:
 - i. Answer questions and provide appropriate assistance to the Contractor staff and members regarding the Contractor's state and federal nondiscrimination legal obligations.
 - ii. Advise the Contractor about nondiscrimination best practices and accommodating persons with disabilities.
 - iii. Investigate and process any Americans with Disabilities Act, Section 504 of the Rehabilitation Act, section 1557 of the Affordable Care Act, and/or Gov. Code section 11135 grievances received by the Contractor.

Findings: The Plan did not provide evidence to demonstrate the investigation of grievances related to any action prohibited by or out of compliance with federal or state nondiscrimination law based on the following characteristics, specifically:

- Sex
- Race
- Color
- Religion
- Ancestry
- National Origin
- Ethnic Group Identification
- Age
- Mental Disability

- Age
- Mental Disability
- Physical Disability
- Medical Condition
- Genetic Information
- Marital Status
- Gender
- Gender Identity
- Sexual Orientation

Category 6: PROGRAM INTEGRITY

A review of the compliance program, service verification, and fraud reporting was conducted to ensure compliance with applicable regulations and standards. The following deficiency in program integrity was identified:

COMPLIANCE DEFICIENCY:

CD 6.2.1:

Intergovernmental Agreement Exhibit A, Attachment III, NN, 3

3. Suspected Medi-Cal fraud, waste, or abuse shall be reported to: DHCS Medi-Cal Fraud: (800) 822-6222 or Fraud@dhcs.ca.gov.

Findings: The Plan did not provide evidence to demonstrate Plan and subcontractor compliance with reporting suspected Medi-Cal fraud, waste, or abuse to DHCS Medi-Cal Fraud at (800) 822-6222 or Fraud@dhcs.ca.gov.

TECHNICAL ASSISTANCE

Riverside County did not request Technical Assistance during this review.