



August 17, 2023

THIS LETTER SENT VIA EMAIL TO: [marodriguez@co.shasta.ca.us](mailto:marodriguez@co.shasta.ca.us)

Mr. Miguel Rodriguez, Mental Health & SUD Services Director  
Shasta County Health & Human Services Agency  
1313 Yuba St  
Redding, CA 96001

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS REPORT

Dear Director Rodriguez:

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

Shasta 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](mailto:MCBHOMDMonitoring@dhcs.ca.gov). If you have any questions, please contact me at [katrina.beedy@dhcs.ca.gov](mailto:katrina.beedy@dhcs.ca.gov).

Sincerely,

Katrina Beedy | County Compliance Monitoring II Analyst

Distribution:

To: Director Rodriguez,

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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Katie Cassidy, Shasta County Deputy Branch Director, Behavioral Health and Social Services Branch  
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:**

Shasta County

**County Contact Name/Title:**

Katie Cassidy/Deputy Branch Director, Behavioral Health and Social Services Branch

**County Address:**

1313 Yuba St  
Redding, CA 96001

**County Phone Number/Email:**

530-225-5997  
kcassidy@co.shasta.ca.us

**Date of DMC-ODS Implementation:**

7/1/2020

**Date of Review:**

6/22/2023

**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 6/22/2023. The following individuals were present:

- Representing DHCS:  
Katrina Beedy, County Compliance Monitoring II (CCM II) Analyst  
Erika Flores, County/Provider Operations and Monitoring Branch (CPOMB) Analyst
- Representing Shasta County:  
Katie Cassidy, Deputy Branch Director, Behavioral Health and Social Services Branch  
Miguel Rodriguez, Mental Health & SUD Services Director  
Daniel Smith, Staff Services Analyst  
Chari Koller, Account Auditor II  
Clemencia Heberlein, Supervising Accountant  
Cory Brown, Supervising Community Education Specialist  
Bethany Wooley, Account Auditor III  
Leah Moua, Clinical Division Chief  
Cela Chao, Supervising Accountant  
Aleesha Edwards, Clinical Program Coordinator
- Representing Partnership HealthPlan of California (PHC)  
Wendy Millis, Program Manager  
Josette McKrola, Behavioral Health Quality & Compliance Specialist

During the Entrance Conference, the following topics were discussed:

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

**Exit Conference:**

An Exit Conference was conducted via WebEx on 6/22/2023. The following individuals were present:

- Representing DHCS:  
Katrina Beedy, CCM II Analyst  
Erika Flores, CPOMB Analyst
- Representing Shasta County:  
Katie Cassidy, Deputy Branch Director, Behavioral Health and Social Services Branch  
Daniel Smith, Staff Services Analyst  
Chari Koller, Account Auditor II  
Clemencia Heberlein, Supervising Accountant  
Bethany Wooley, Account Auditor III  
Leah Moua, Clinical Division Chief  
Cela Chao, Supervising Accountant  
Aleesha Edwards, Clinical Program Coordinator
- 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	3
2.0 Coordination of Care Requirements	1
3.0 Quality Assurance and Performance Improvement	2
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 deficiencies in availability of DMC-ODS services were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 1.3.1:**

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 it ensures that physicians receive a minimum of five hours of continuing medical education related to addiction medicine each year.

#### **CD 1.3.2:**

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 it ensures that professional staff (LPHAs) receive a minimum of five hours of continuing education related to addiction medicine each year.

#### **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 3.3.3:**

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 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

DHCS's County Compliance Unit Analyst made referrals to the DHCS CPOMB County Liaison for the technical assistance areas identified below:

**Availability of DMC-ODS Services:** DMC-ODS Contracts; Debarment/Suspension expectations