



December 15, 2023

THIS LETTER SENT VIA EMAIL TO: dortiz@tularecounty.ca.gov

Donna Ortiz, Director
Tulare County Health & Human Services Agency
5957 S Mooney Boulevard
Visalia, CA 93277

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS REPORT

Dear Director Ortiz:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Intergovernmental Agreement operated by Tulare County.

The County Compliance Section (CCS) within Audits and Investigations (A&I) of DHCS conducted a review of the County's compliance with Federal and State regulations, program requirements and contractual obligations based on supporting documentation and interviews with County staff. Enclosed are the results of Tulare County's Fiscal Year (FY) 2023-24 DMC-ODS compliance review. The report identifies deficiencies, advisory recommendations, and referrals for technical assistance.

Tulare County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) to DHCS' Medi-Cal Behavioral Health – Oversight and Monitoring Division (MCBH-OMD), County/Provider Operations and Monitoring Branch (CPOMB) Liaison by 2/15/2024. 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 | County Compliance Monitoring II Analyst

Distribution:

To: Director Ortiz;

Cc: Mateo Hernandez, Audits and Investigations, Contract and Enrollment Review
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Catherine Hicks, Audits and Investigations, Behavioral Health Review Branch
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MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and
Monitoring Branch
Chandler Bailey, Tulare County Unit Manager SUD QI

COUNTY REVIEW INFORMATION

County:

Tulare

County Contact Name/Title:

Chandler Bailey, Unit Manager SUD QI

County Address:

5957 S Mooney Boulevard
Visalia, CA 93277

County Phone Number/Email:

cbailey@tularecounty.ca.gov
559-903-5484

Date of DMC-ODS Implementation:

6/28/19

Date of Review:

10/18/23

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) 2022-23 DMC-ODS Intergovernmental Agreement (IA)
 - b. State of California *Adolescent Best Practices Guidelines October 2020*
 - c. DHCS' *Perinatal Practice Guidelines FY 2018-19*
 - d. DHCS' *Minimum Quality Drug Treatment Standards (Document 2F(a))*
 - e. National Culturally and Linguistically Appropriate Services (CLAS)
 - f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
 - g. Behavioral Health Information Notices (BHIN)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An Entrance Conference was conducted via WebEx on 10/18/2023. The following individuals were present:
present:

- Representing DHCS:
Susan Volmer, County Compliance Monitoring II Analyst (CCM II)
- Representing Tulare County:
Chandler Bailey, Unit Manager SUD QI
Angela Sahagun, Division Manager - Administrative Services
Rosa Sanchez, Administrative Specialist
Larry Fishburn, Mental Health Case Manager
Omar De Leon, Prevention Services Coordinator II
Sandy Lucas, Alcohol and Drug Specialist

During the Entrance Conference, the following topics were discussed:

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

Exit Conference:

An Exit Conference was conducted via WebEx on 10/18/2023. The following individuals were present:

- Representing DHCS:
Susan Volmer, CCM II Analyst
- Representing Tulare County:
Chandler Bailey, Unit Manager SUD QI
Angela Sahagun, Division Manager - Administrative Services
Rosa Sanchez, Administrative Specialist
Larry Fishburn, Mental Health Case Manager
Omar De Leon, Prevention Services Coordinator II
Sandy Lucas, Alcohol and Drug Specialist

During the Exit Conference, the following topics were discussed:

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

SUMMARY OF FY 2023-24 COMPLIANCE DEFICIENCIES (CD)

<u>Category</u>	<u>Number of CDs</u>
1.0 Availability of DMC-ODS Services	1
2.0 Care Coordination	0
3.0 Quality Assurance and Performance Improvement	2
4.0 Access and Information Requirements	0
5.0 Coverage and Authorization of Services	2
6.0 Beneficiary Rights and Protections	1
7.0 Program Integrity	4

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 2023-24 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 County's records, service providers, referrals, services, contracts, and general provisions was conducted to ensure compliance with applicable Federal and State regulations, program requirements, and contractual obligations. The following deficiency was identified:

COMPLIANCE DEFICIENCY:

CD 1.1.3:

DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, G, 3, ix

Pursuant to 42 CFR 438.3(l), allow each beneficiary to choose their health professional to the extent possible and appropriate.

Findings: The Plan did not provide evidence that it allows each beneficiary to choose their health professional to the extent possible and appropriate, pursuant to 42 CFR 438.3(l).

Category 3: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

A review of the County's Quality Assurance and Performance Improvement program was conducted to ensure compliance with applicable Federal and State regulations, program requirements, and contractual obligations. The following deficiencies were identified:

COMPLIANCE DEFICIENCIES:

CD 3.2.7:

DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, II, 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 that its mechanism to monitor the safety and effectiveness of medication practices is under the supervision of a person licensed to prescribe or dispense prescription drugs.

CD 3.5.2:

DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, E, 9, ii

- ii. The Contractor shall disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

Findings: The Plan did not provide evidence it disseminates practice guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

Category 5: COVERAGE AND AUTHORIZATION OF SERVICES

A review of the County's Coverage and Authorization of Services was conducted to ensure compliance with applicable Federal and State regulations, program requirements, and contractual obligations. The following deficiencies were identified:

COMPLIANCE DEFICIENCIES:

CD 5.1.3:

DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, I, 1, i-iii

1. The Contractor shall implement residential treatment program standards that comply with the authorization of services requirements set forth in Article II.E.4 of this Agreement and shall:
 - i. Establish, and follow, written policies and procedures for processing requests for initial and continuing authorizations of services for residential programs.
 - ii. Ensure that residential services are provided in DHCS or Department of Social Services (DSS) licensed residential facilities that also have DMC certification and have been designated by DHCS as capable of delivering care consistent with ASAM criteria.
 - iii. Ensure that residential services may be provided in facilities with no bed capacity limit.

Findings: The Plan did not provide evidence it implemented residential treatment program standards that comply with the authorization of services requirements set forth in Article II.E.4 of this Agreement, specifically:

- Ensure that residential services are provided in DHCS or Department of Social Services (DSS) licensed residential facilities that also have DMC certification and have been designated by DHCS as capable of delivering care consistent with ASAM criteria.

CD 5.3.1:

DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, LL, 4, c-g)

Open Admission and Open Provider Reporting

- 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.
- g. Contractor shall participate in CalOMS-Tx informational meetings, trainings, and conference calls.

Findings: The Plan’s Open Admissions report is not in compliance.

The Plan’s Open Provider report is not in compliance.

Category 6: BENEFICIARY RIGHTS AND PROTECTIONS

A review of the County's Beneficiary Rights and Protections was conducted to ensure compliance with applicable Federal and State regulations, program requirements and contractual obligations. The following deficiency was identified:

COMPLIANCE DEFICIENCY:

CD 6.2.7:

DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, G, 7, i-iii

42 CFR § 438.416

7. Recordkeeping Requirements

- i. The Contractor shall maintain records of grievances and appeals and shall review the information as part of its ongoing monitoring procedures, as well as for updates and revisions to the Department quality strategy.
- ii. The record of each grievance or appeal shall contain, at a minimum, all the following information:
 - a. A general description of the reason for the appeal or grievance.
 - b. The date received.
 - c. The date of each review or, if applicable, review meeting.
 - d. Resolution at each level of the appeal or grievance, if applicable.
 - e. Date of resolution at each level, if applicable.
 - f. Name of the covered person for whom the appeal or grievance was filed.
- iii. The record shall be accurately maintained in a manner accessible to the Department and available upon request to CMS.

Findings: The Plan did not provide evidence that grievance and appeal records are accurately maintained in a manner accessible to the Department and available upon request.

Category 7: PROGRAM INTEGRITY

A review of the County's Program Integrity was conducted to ensure compliance with applicable Federal and State regulations, program requirements, and contractual obligations. The following deficiencies were identified:

COMPLIANCE DEFICIENCIES:

CD 7.1.5:

DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, H, 5, ii, a, v

Effective lines of communication between the compliance officer and the organization's employees.

Findings: The Plan did not provide evidence it has established effective lines of communication between the compliance officer and the organization's employees.

CD 7.1.6:

DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, H, 5, ii, a, vi

Enforcement of standards through well-publicized disciplinary guidelines.

Findings: The Plan did not provide evidence it enforces standards through well-publicized disciplinary guidelines.

CD 7.2.4:

DMC-ODS Contract, Exhibit A Attachment I, Section II Federal Requirements, H, 5, ii, h

Provision for the Contractor's suspension of payments to a network provider for which the Department determines there is a credible allegation of fraud in accordance with 42 CFR §455.23.

Findings: The Plan did not provide evidence it ensures it suspends payments to a network provider for which the Department determines there is a credible allegation of fraud in accordance with 42 CFR §455.23.

CD 7.3.2:

DMC-ODS Contract, Exhibit A Attachment I, Section III Program Specifications, HH, 2, ii

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 should be performed prior to rendering service, in accordance with and as described in the DHCS DMC Provider Billing Manual. Options for verifying the eligibility of a Medi-Cal beneficiary are described in the Department of Health Care Services DMC Provider Billing Manual.

Findings: The Plan did not provide evidence it verifies the Medi-Cal eligibility of each beneficiary for each month of service prior to rendering and billing for DMC services to that beneficiary for that month.

TECHNICAL ASSISTANCE

Tulare County did not request technical assistance during this review.