



May 26, 2023

THIS LETTER SENT VIA EMAIL TO: Scott.Gilman@ventura.org

Scott Gillman, Director
Ventura County Behavioral Health
1911 Williams Drive, Suite 200
Oxnard, CA 93036

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS REPORT

Dear Director Gillman:

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

Ventura 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 7/26/2023. 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 emanuel.hernandez@dhcs.ca.gov.

Sincerely,

Emanuel Hernandez | County Compliance Monitoring II Analyst

Distribution:

To: Director Gillman,

Cc: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
Catherine Hicks, 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
MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Raena West, Ventura County Behavioral Health Substance Use Services Division Chief
Karen Lee, Ventura County Behavioral Health Manager II Quality Assurance

COUNTY REVIEW INFORMATION

County:
Ventura

County Contact Name/Title:
Karen Lee, Quality Lead

County Address:
1911 Williams Drive, Suite 200
Oxnard, CA 93036

County Phone Number/Email:
(805) 981-2214
Karen.lee@ventura.org

Date of DMC-ODS Implementation:
12/01/2018

Date of Review:
3/15/2023

Lead CCM Analyst:
Emanuel Hernandez

Assisting CCM Analyst:
N/A

Report Prepared by:
Emanuel Hernandez

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 3/15/2023. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, County Compliance Monitoring II (CCM II) Analyst
- Representing Ventura County:
Raena West, Substance Use Services Division Chief
Karen Lee, Manager II Quality Assurance
Chris Castro, Quality Assurance Program Administrator
Aliona Pavloskaya, Policy and Procedure Program Manager Administrator
Dani Yomtor, Quality Improvement Program Administrator
Jessica Davis, Substance Treatment Services Manager II
Serna Bezdijan, Research Psychologist
Maryza Seal, Contracts Manager
Jose L. Duran, SUS Program Administrator
Genevieve Zapada, Clinical Nurse Manager
Sloan Burt, Quality Improvement Manager II
Angela Riddle, Training & Workforce Manager II
Brinda Smith, Quality Improvement Senior Program Administrator
Barbara Kramer, Contracts Program Administrator

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 3/15/2023. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, CCM II Analyst

- Representing Ventura County:
Raena West, Substance Use Services Division Chief
Karen Lee, Manager II Quality Assurance
Chris Castro, Quality Assurance Program Administrator
Aliona Pavloskaya, Policy and Procedure Program Manager Administrator
Dani Yomtor, Quality Improvement Program Administrator
Jessica Davis, Substance Treatment Services Manager II
Serna Bezdijan, Research Psychologist
Maryza Seal, Contracts Manager
Jose L. Duran, SUS Program Administrator
Genevieve Zapada, Clinical Nurse Manager
Sloan Burt, Quality Improvement Manager II
Angela Riddle, Training & Workforce Manager II
Brinda Smith, Quality Improvement Senior Program Administrator
Barbara Kramer, Contracts Program Administrator

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	0
3.0 Quality Assurance and Performance Improvement	3
4.0 Access and Information Requirements	0
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 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 deficiency in availability of DMC-ODS services was identified:

COMPLIANCE DEFICIENCY:

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 3.2.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, RR, 1-2

1. Contractor shall establish an ongoing quality assessment and performance improvement program consistent with Article II.F.1 of this Agreement.
2. The Contractor shall oversee subcontractors' compliance through on-site monitoring reviews and monitoring report submissions to DHCS. The Contractor shall comply with compliance monitoring reviews conducted by DHCS and are responsible to develop and implement CAPs as needed.

Findings: The Plan did not provide evidence of an established Quality Assessment and Performance Improvement Plan during FY 2021-22.

CD 3.2.5:

Intergovernmental Agreement Exhibit A, Attachment I, III, RR, 5, vii

5. The monitoring of accessibility of services outlined in the Quality Improvement (QI) Plan will at a minimum include:
 - vii. Coordination of physical and mental health services with waiver services at the provider level.

Findings: The Plan did not provide evidence to demonstrate monitoring network providers for accessibility of services as described in a QI Plan, specifically:

- Coordination of physical and mental health services with wavier services at the provider level.

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.

TECHNICAL ASSISTANCE

Ventura County did not request technical assistance during this review