DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

August 02, 2023

THIS LETTER SENT VIA EMAIL TO: Nolan.Sullivan@yolocounty.org

Mr. Nolan Sullivan, Director
Yolo County
137 N. Cottonwood Street
Woodland, CA 95695
SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS REPORT

Dear Director Sullivan:

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

Yolo 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 10/02/2023. 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 Sullivan,

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
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Karleen Jakowski, Yolo County Assistant Deputy Director
Marisa Green, Yolo County Interim Deputy Director
Julie Freitas, AOD Administrator/Clinical Manager for SUD, Forensic Behavioral Health and Homeless Services

COUNTY REVIEW INFORMATION

County:
Yolo

County Contact Name/Title:
Julie Freitas, AOD Administrator/Clinical Manager for SUD, Forensic BH and Homeless Services

County Address:
137 N. Cottonwood Street
Woodland, CA 95695

County Phone Number/Email:
(530) 666-8517
Julie.freitas@yolocounty.org

Date of DMC-ODS Implementation:
07/01/2018

Date of Review:
06/14/2023

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 6/14/2023. The following individuals were present:

- Representing DHCS:
  Emanuel Hernandez, County Compliance Monitoring II (CCM II) Analyst
  Todd Borcher, County Provider Operations & Monitoring Branch (CPOMB) Analyst

- Representing Yolo County:
  Pamela Crespin, QM Administrative Services Analyst
  Glenn Johnson, AOD Program Coordinator
  Dr. Mary Yung, Clinical Manager
  Julie Freitas, SUD Forensics Homeless Clinical Manager
  Erica Brown, Clinician II
  Katherine Barrett, Behavioral Health Compliance Officer
  Tim Tomey, Clinician II
  Sylvia Duarte, Accountant III
  Danyeli Woods, BH QM/CalAim Manager II
  Aisha Littlejohn, Contracts & CalAim Analyst
  Ana Soltero, Senior Accounting Technician
  Jennifer Edwards, MHSA Program Coordinator
  Sophia Sandoval, Sr. Admin Services Analyst
  Jennifer Gay, BH Quality Management Adult Supervising Clinician
  Blanca Sandoval, BH Quality Management Administrative OSS
  Angelina Arushanor, Fiscal Accountant II

During the Entrance Conference, the following topics were discussed:

- Introductions
- DHCS overview of review process
- Yolo County overview of services provided

Exit Conference:

An Exit Conference was conducted via WebEx on 6/14/2023. The following individuals were present:

- Representing DHCS:
  Emanuel Hernandez, CCM II Analyst
  Todd Borcher, CPOMB Analyst

- Representing Yolo County:
  Pamela Crespin, QM Administrative Services Analyst
  Glenn Johnson, AOD Program Coordinator
  Dr. Mary Yung, Clinical Manager
  Julie Freitas, SUD Forensics Homeless Clinical Manager
  Erica Brown, Clinician II
  Katherine Barrett, Behavioral Health Compliance Officer
  Tim Tomey, Clinician II
  Sylvia Duarte, Accountant III
  Danyeli Woods, BH QM/CalAim Manager II
  Aisha Littlejohn, Contracts & CalAim Analyst
  Ana Soltero, Senior Accounting Technician
  Jennifer Edwards, MHSA Program Coordinator
  Sophia Sandoval, Sr. Admin Services Analyst
  Jennifer Gay, BH Quality Management Adult Supervising Clinician
  Blanca Sandoval, BH Quality Management Administrative OSS
  Angelina Arushanor, Fiscal Accountant 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)

	Section:	Number of CDs
1.0	Availability of DMC-ODS Services	6
2.0	Coordination of Care Requirements	0
3.0	Quality Assurance and Performance Improvement	4
4.0	Access and Information Requirements	0
5.0	Beneficiary Rights and Protections	0
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 1.1.1:
Intergovernmental Agreement Exhibit A, Attachment I, III, D, 4, i-xiii

4. The following are the mandatory and optional DMC-ODS Covered Services:
    i. Screening, Brief Intervention, Referral to Treatment and Early Intervention (for beneficiaries under age 21) (mandatory)
    ii. Withdrawal Management Services (a minimum of one level is mandatory)
    iii. Intensive Outpatient Treatment Services (mandatory)
    iv. Outpatient Treatment Services (mandatory)
    v. Narcotic Treatment Programs (mandatory)
    vi. Recovery Services (mandatory)
    vii. Care Coordination (mandatory)
    viii. Clinician Consultation (mandatory)
    ix. Medications for Addiction Treatment (also known as Medication Assisted Treatment or MAT) This is defined as facilitating access to MAT off-site for beneficiaries while they are receiving DMC-ODS treatment services if not provided on-site. Providing a beneficiary the contact information for a treatment program is insufficient.
    x. Residential Treatment Services (ASAM levels 3.1, 3.3, and 3.5 shall be made available within the timeframes outlined in Article III Section S.7.v)
    xi. Partial Hospitalization (Optional)
    xii. Peer Support Services (Optional)
    xiii. Inpatient Services ASAM Levels 3.7 and 4.0 (Optional for Contractor to cover as DMC-ODS services; care coordination for ASAM Levels 3.7 and 4.0 delivered through Medi-Cal Fee for Service and Managed Care Plans is required).

Findings: The Plan did not provide a list for each mandatory covered service funded using SABG or funding streams other than DMC or SABG. Mandatory covered services missing include:

- Residential Treatment Services (ASAM level 3.3 shall be made available within the timeframes outlined in Article III Section S.7.v).

The Plan did not provide fully executed current subcontract with the network provider for each of the following mandatory required covered services not specifically provided by a County owned and operated program, specifically:

- Residential Treatment Services (ASAM level 3.3 shall be made available within the timeframes outlined in Article III Section S.7.v).

CD 1.1.3:

Intergovernmental Agreement Exhibit A, Attachment I, III, C, 2, vi, d, i-vi

d. Level of Care Determination: The ASAM Criteria shall be used to determine placement into the appropriate level of care for all beneficiaries, and is separate and distinct from determining medical necessity.
   i. For beneficiaries 21 and over, a full assessment using the ASAM Criteria shall be completed within 30 days of the beneficiary's first visit with an LPHA or registered/certified counselor.
   ii. For beneficiaries under 21, or for adults experiencing homelessness, a full assessment using the ASAM Criteria shall be completed within 60 days of the beneficiary's first visit with an LPHA or registered/certified counselor.
   iii. A full ASAM Criteria assessment is not required to deliver prevention and early intervention services for beneficiaries under 21; a brief screening ASAM Criteria tool is sufficient for these services (see below regarding details about ASAM level of care 0.5).
   iv. If a beneficiary withdraws from treatment prior to completing the ASAM Criteria assessment and later returns, the time period starts over.
   v. A full ASAM Criteria assessment, or initial provisional referral tool for preliminary level of care recommendations, shall not be required to begin receiving DMC-ODS services. A full ASAM assessment does not need to be repeated unless the beneficiary's condition changes.
   vi. Beneficiary placement and level of care determinations shall ensure that beneficiaries are able to receive care in the least restrictive level of care that is clinically appropriate to treat their condition.

Findings: The Plan did not provide evidence to demonstrate for beneficiaries under 21, or for adults experiencing homelessness, Plan and subcontracted network providers complete a full assessment using the ASAM Criteria within 60 days of the beneficiary's first visit with an LPHA or registered/certified counselor.

The Plan did not provide evidence to demonstrate Plan and subcontracted network providers allow for beneficiaries who withdraw from treatment prior to completing the ASAM Criteria assessment and later return, the time period starts over.

The Plan did not provide evidence to demonstrate Plan and subcontracted network providers do not require a full ASAM Criteria assessment or initial provisional referral tool for preliminary level of care recommendations prior to receiving DMC-ODS services.

The Plan did not provide evidence to demonstrate Plan and subcontracted network providers place beneficiaries able to receive care in the least restrictive level of care that is clinically appropriate to treat their condition.

CD 1.1.5:
Intergovernmental Agreement Exhibit A, Attachment I, II, B, 4, vi-x

4. Requirements that Apply to American Indian and Alaska Native (AI/AN), Indian Health Care Providers (IHCPs), and Indian Managed Care Entities (IMCEs) (42 CFR §438.14; BHIN 21-075).
   vi. The Contractor shall permit AI/AN beneficiaries to obtain services covered under this Agreement between the State and the Contractor from out-of-network DMC-certified IHCPs from whom the beneficiary is otherwise eligible to receive such services.
   vii. If timely access to covered services cannot be ensured due to few or no DMC-certified IHCPs, the Contractor will be considered to have demonstrated that there are sufficient IHCPs participating in the Contractor's provider network to ensure timely access to services by permitting AI/AN beneficiaries to access out-of-state DMC-certified IHCPs.
   viii. The Contractor shall permit an out-of-network DMC-certified IHCP to refer an AI/AN beneficiary to a network provider.
   ix. All AI/AN Medi-Cal beneficiaries whose county of responsibility is a DMC-ODS county may choose to receive DMC-ODS services at any DMC-certified IHCP, whether or not the IHCP has a current contract with the beneficiary's county of responsibility and whether or not the IHCP is located in the beneficiary's county of responsibility. The Contractor shall reimburse DMC-certified IHCPs for the provision of these services to AI/AN Medi-Cal beneficiaries, even if the Contractor does not have a contract with the IHCP. The Contractor is not obligated to pay for services provided to non-AI/AN beneficiaries by IHCPs that are not contracted with the DMC-ODS County.
   x. AI/AN individuals who are eligible for Medicaid and reside in counties that have opted into the DMC-ODS can also receive DMC-ODS services through IHCPs.

BHIN 21-075

BHIN 20-065

Findings: The Plan did not provide evidence to demonstrate eligible AI/AN beneficiaries receive referrals for the provision of DMC-ODS services. Specifically, the Plan does not:

- Permit AI/AN individuals eligible for Medicaid and reside in a County that opted into DMC-ODS, to receive DMC-ODS services through IHCPs.
- Permit eligible AI/AN beneficiaries to obtain services from out-of-network DMC-certified IHCPs.

- Permit an out-of-network DMC-certified IHCP to refer an eligible AI/AN beneficiary to a network provider.

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 provided five (5) of the requested six (6) sets of annual five (5) hours of continuing education units (CEU) in addiction medicine. The Plan could not provide CEUs for Felisa Concepcion for calendar year 2021.

CD 1.3.3:
Intergovernmental Agreement Exhibit A, Attachment I, III, MM, 3, ii, b
b. The Contractor shall ensure that all residential service providers meet the established ASAM criteria for each level of residential care they provide, receive either a DHCS Level of Care Designation or an ASAM Level of Care Certification for every Level of Care that they offer prior to providing DMC-ODS services, and adhere to all applicable requirements in BHIN 21-001 and its accompanying exhibits.

BHIN 21-001

Findings: The Plan did not provide evidence to demonstrate residential service providers receive either a DHCS Level of Care Designation or an ASAM Level of Care Certification for each level of residential care provided. Specifically 3.3 Clinically Managed Population-Specific High-Intensity Residential Services.

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;
- 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 3.1.2:
Intergovernmental Agreement Exhibit A, Attachment I, III, SS, 1

1. The Contractor shall have a Utilization Management (UM) Program assuring that beneficiaries have appropriate access to SUD services, that services are medically necessary, that the ASAM Criteria shall be used to determine placement into the appropriate level of care, and that the interventions are appropriate for the diagnosis and level of care. The Contractor shall have a documented system for collecting, maintaining and evaluating accessibility to care and waiting list information, including tracking the number of days to first DMC-ODS service at an appropriate level of care following initial request or referral for all DMC-ODS services.

Findings: The Plan did not provide evidence to demonstrate the Plan has documented system that does the following:

- Collects, maintains, and evaluates accessibility to care and waiting list information;
- Tracks the number of days to first DMC-ODS service at an appropriate level of care following initial request; and
- Provides referrals for all DMC-ODS services.

CD 3.1.4: Intergovernmental Agreement Exhibit A, Attachment I, III, G, 3, vii

vii. Have a mechanism in place to ensure that there is consistent application of review criteria for authorization decisions and shall consult with the requesting provider when appropriate.

Findings: The Plan did not provide evidence to demonstrate the Plan and subcontracted network providers have a mechanism in place to ensure that there is consistent application of review criteria for authorization decisions and shall consult with the requesting provider when appropriate.

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 3.3.2:
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 Provider report is not in compliance.

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 6.3.1
Intergovernmental Agreement Exhibit A, Attachment I, II, B, 1 iv, a-b

iv. Compliance with applicable laws and conflict of interest safeguards.
   a. The Contractor shall comply with all applicable Federal and state laws and regulations including:
      i. Title VI of the Civil Rights Act of 1964.
      ii. Title IX of the Education Amendments of 1972 (regarding education programs and activities).
      iii. The Age Discrimination Act of 1975; the Rehabilitation Act of 1973.
      iv. The Americans with Disabilities Act of 1990 as amended.
      v. Section 1557 of the Patient Protection and Affordable Care Act.
   b. The Contractor shall comply with the conflict of interest safeguards described in 42 CFR §438.58 and with the prohibitions described in section 1902(a)(4)(C) of the Act applicable to contracting officers, employees, or independent contractors.

Findings: The Plan did not provide evidence to demonstrate Plan and subcontractor compliance with the conflict of interest safeguards described in 42 CFR §438.58 and with the prohibitions described in section 1902(a)(4)(C) of the Act applicable to contracting officers, employees, or independent contractors.

TECHNICAL ASSISTANCE

Yolo County did not request technical assistance.