



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

April 5, 2019

Sent via e-mail to: Phebe.Bell@co.nevada.ca.us

Phebe Bell, Director
Nevada County Behavioral Health
500 Crown Point Circle, Ste. 120
Grass Valley, CA 95945

SUBJECT: Annual County Performance Unit Report

Dear Director Bell:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Substance Abuse Block Grant (SABG) and operated by Nevada County.

The County Performance Unit (CPU) within the Substance Use Disorder Program, Policy, and Fiscal Division (SUDPPFD) 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 Nevada County's 2018-19 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Nevada County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 5/6/2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to the CPU analyst or mailed to the address listed below.

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

Becky Counter
(916) 713-8567
becky.counter@dhcs.ca.gov

Substance Use Disorder
Program, Policy and Fiscal Division
County Performance Unit
P.O. Box 997413, MS 2627
Sacramento, CA 95814
<http://www.dhcs.ca.gov>

Distribution:

To: Director Bell

CC: Tracie Walker, Performance & Integrity Branch Chief
Sandi Snelgrove, Policy and Prevention Chief
Janet Rudnick, Utilization Review Section Chief
Cynthia Hudgins, Quality Monitoring Section Chief
Susan Jones, County Performance Supervisor
Tianna Hammock, Drug Medi-Cal Monitoring Unit I Supervisor
Stephanie Quok, Drug Medi-Cal Monitoring Unit II Supervisor
Tiffany Stover, Postservice Postpayment Unit I Supervisor
Eric Painter, Postservice Postpayment Unit II Supervisor
Vanessa Machado, Policy and Prevention Branch Office Technician
Suzanne McMaster, LCSW, Nevada County AOD Program Manager

Lead CPU Analyst: Becky Counter	Date of Review: 4/3/2019
Assisting CPU Analyst(s): Michael Ulibarri	
County: Nevada	County Address: 500 Crown Point Circle, Ste. 120 Grass Valley, Ca 95945
County Contact Name/Title: Suzanne Mc Master/ AOD Program Manager	County Phone Number/Email: (530) 470-2418 Suzanne.mcmaster@co.nevada.ca.us
Report Prepared by: Becky Counter	Report Approved by: Susan Jones

REVIEW SCOPE

- I. Regulations:
 - a. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
 - b. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block
 - c. HSC, Division 10.5, Section 11750 – 11970: State Department of Health Care

- II. Program Requirements:
 - a. State Fiscal Year (SFY) 2018-19 State County Contract, herein referred to as State County Contract
 - b. State of California *Youth Treatment Guidelines Revised August 2002*
 - c. DHCS *Perinatal Services Network Guidelines SFY 2016-17*
 - d. National Culturally and Linguistically Appropriate Services (CLAS)
 - e. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 500 Crown Point Circle, Suite 120, Grass Valley CA 95945 on 4/3/2019. The following individuals were present:

- Representing DHCS:
Tracie Walker, Performance and Integrity Branch Chief
Becky Counter, Associate Governmental Program Analyst
Michael Ulibarri, Associate Governmental Program Analyst
- Representing Nevada County:
Allison Dobbins, Administrative Services Officer
Charlotte Hendricks, Clinician Quality Assurance
Suzanne McMaster, Alcohol and Other Drugs Program Manager
Yvonee Foley-Trumbo, Quality Assurance Manager
Phebe Bell, Director, Nevada County Behavioral Health

During the Entrance Conference the following topics were discussed:

- Introductions
- DHCS provided an overview of the review
- County provided an overview of the County and the services available

Exit Conference:

An exit conference was conducted at 500 Crown Point Circle, Suite 120 Grass Valley, CA 95495 on 4/3/2019. The following individuals were present:

- Representing DHCS:
Tracie Walker, Performance and Integrity Branch Chief
Becky Counter, Associate Governmental Program Analyst
Michael Ulibarri, Associate Governmental Program Analyst
- Representing Nevada County:
Allison Dobbins, Administrative Services Officer
Charlotte Hendricks, Clinician Quality Assurance
Suzanne McMaster, Alcohol and Other Drugs Program Manager
Yvonee Foley-Trumbo, Quality Assurance Manager
Phebe Bell, Director, Nevada County Behavioral Health

During the Exit Conference the following topics were discussed:

- Reviewed all follow-up items for both the County and DHCS.
- DHCS outlined the next steps and when the County should expect their final report.

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	1
2.0 SABG Monitoring	1
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
5.0 Primary Prevention	0
6.0 Cultural Competence	0
7.0 CalOMS and DATAR	0
8.0 Privacy and Information Security	0

CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 3, 7, (a-d) each compliance deficiency (CD) identified must be addressed via a Corrective Action Plan (CAP). The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory recommendations are not required to be addressed in the CAP.

Please provide the following within the completed 2018-19 CAP.

- a) A statement of the compliance deficiency (CD).
- b) A list of action steps to be taken to correct the CD.
- c) A date of completion for each CD.
- d) Who will be responsible for correction and ongoing compliance.

The CPU analyst will monitor progress of the CAP completion.

1.0 ADMINISTRATION

A review of the County's Organizational Chart, subcontracted contracts, and policies and procedures was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 1.6:

SABG State-County Contract, Exhibit A, Attachment I AI, Part III, F
Contractor shall document the total number of referrals necessitated by religious objection to other alternative SUD providers. The Contractor shall annually submit this information to DHCS' Program Support and Grants Management Branch by e-mail at CharitableChoice@dhcs.ca.gov by October 1...

Finding: The County did not submit the total number of referrals necessitated by religious objection to DHCS Program Support and Grants Management Branch by October 1, 2018.

2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 2.10:

*SABG State-County Contract Exhibit A, Attachment I A1, Part I, Section 3, A, 1 (a-e)
Contractor's performance under this Exhibit A, Attachment I, Part I, shall be monitored by
DHCS during the term of this Contract. Monitoring criteria shall include, but not be limited to:*

- a) Whether the quantity of work or services being performed conforms to Exhibit B.*
- b) Whether the Contractor has established and is monitoring appropriate quality standards.*
- c) Whether the Contractor is abiding by all the terms and requirements of this Contract.*
- d) Whether the Contractor is abiding by the terms of the Perinatal Services Network Practice Guidelines (Document 1G).*
- e) Whether the Contractor conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent by secure, encrypted email to:
SUDCountyReports@dhcs.ca.gov or Substance Use Disorder-Program, Policy, and Fiscal Division
Performance Management Branch
Department of Health Care Services
PO Box 997413, MS-2627
Sacramento, CA 95899-7413*

Finding: The County did not have all SABG program requirements within their monitoring tool. The following criteria are missing:

- DHCS Youth Treatment Guidelines
- Primary Prevention

9.0 TECHNICAL ASSISTANCE

Nevada County did not request technical assistance during this fiscal year.



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Sent via e-mail to: Phebe.bell@co.nevada.ca.us

Phebe Bell, Director, County Behavioral Health
Nevada County Behavioral Health
500 Crown Point Circle, Suite 120
Grass Valley, CA 95945

SUBJECT: Annual County Performance Unit Report

Dear Director Bell,

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) Waiver and the terms of the Intergovernmental Agreement operated by Nevada County.

The County Performance Unit (CPU) within the Substance Use Disorder Program, Policy, and Fiscal Division (SUDPPFD) 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 Nevada County's 2018-19 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Nevada County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CPU Analyst by 5/6/2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to the CPU analyst or mailed to the address listed below.

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

Michael Ulibarri
(916) 713-8967
michael.ulibarri@dhcs.ca.gov

Substance Use Disorder
Program, Policy and Fiscal Division
County Performance Unit
P.O. Box 997413, MS 2627
Sacramento, CA 95814
<http://www.dhcs.ca.gov>

Distribution:

To: Director Bell

CC: Don Braeger, Substance Use Disorders - Program, Policy and Fiscal Division Chief
Tracie Walker, Performance & Integrity Branch Chief
Cynthia Hudgins, Quality Monitoring Section Chief
Janet Rudnick, Utilization Review Section Chief
Susan Jones, County Performance Unit Supervisor
Tianna Hammock, Drug Medi-Cal Monitoring Unit I Supervisor
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Tiffany Stover, Postservice Postpayment Unit I Supervisor
Eric Painter, Postservice Postpayment Unit II Supervisor
Vanessa Machado, Policy and Prevention Branch Office Technician
Suzanne McMaster, LCSW, Nevada County AOD Program Manager

Lead CPU Analyst: Michael Ulibarri	Date of Review: 4/3/2019
Assisting CPU Analyst(s): Becky Counter	Date of DMC-ODS Implementation: 7/1/2018
County: Nevada County	County Address: 500 Crown Point Circle, Suite 120 Grass Valley, CA 95945
County Contact Name/Title: Suzanne McMaster / Substance Use Disorder Administrator	County Phone Number/Email: (530) 265-1437
Report Prepared by: Michael Ulibarri	Report Approved by: Susan Jones

REVIEW SCOPE

- I. Regulations:
 - a. Special Terms and Conditions (STCs) for California’s Medi-Cal 2020 section 1115(a) Medicaid Demonstration STC, Part X: Drug Medi-Cal Organized Delivery System
 - b. 42 CFR; Chapter IV, Subchapter C, Part 438; §438.1 through 438.930: Managed Care
- II. Program Requirements:
 - a. State Fiscal Year (SFY) 2018-19 Intergovernmental Agreement (IA)
 - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An entrance conference was conducted at 500 Crown Point Circle, Suite 120 Grass Valley, CA 94945 on 4/3/2019. The following individuals were present:

- Representing DHCS:
Tracie Walker, Performance and Integrity Branch Chief
Becky Counter, Associate Governmental Program Analyst
Michael Ulibarri, Associate Governmental Program Analyst
- Representing Nevada County:
Allison Dobbins, Administrative Services Officer
Charlotte Hendricks, Clinician Quality Assurance
Suzanne McMaster, Alcohol and Other Drugs Program Manager
Yvonee Foley-Trumbo, Quality Assurance Manager
Phebe Bell, Director, Nevada County Behavioral Health

During the Entrance Conference the following topics were discussed:

- Introductions
- DHCS provided an overview of the review
- County provided an overview of the County and the services available

Exit Conference:

An exit conference was conducted at 500 Crown Point Circle, Suite 120 Grass Valley, CA 94945 on 4/3/2019. The following individuals were present:

- Representing DHCS:
Tracie Walker, Performance and Integrity Branch Chief
Becky Counter, Associate Governmental Program Analyst
Michael Ulibarri, Associate Governmental Program Analyst
- Representing Nevada County:
Allison Dobbins, Administrative Services Officer
Charlotte Hendricks, Clinician Quality Assurance
Suzanne McMaster, Alcohol and Other Drugs Program Manager
Yvonee Foley-Trumbo, Quality Assurance Manager
Phebe Bell, Director, Nevada County Behavioral Health

During the Exit Conference the following topics were discussed:

- Reviewed all follow-up items for both the County and DHCS.
- DHCS outlined the next steps and when the County should expect their final report.

SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD) AND NEW REQUIREMENTS (NR)

Section:	Number of CD's and NR's:
1.0 Administration	0
2.0 Member Services	0
3.0 Service Provisions	0
4.0 Access	1
5.0 Continuity and Coordination of Care	0
6.0 Grievance, Appeal, and Fair Hearing Process	0
7.0 Quality	0
8.0 Program Integrity	2

CORRECTIVE ACTION PLAN

Pursuant to the Intergovernmental Agreement, Exhibit A, Attachment I, Part II, Section EE, 2 each compliance deficiency (CD) identified must be addressed via a Corrective Action Plan (CAP). The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory recommendations are not required to be addressed in the CAP.

Please provide the following within the completed 2018-19 CAP:

- a) A statement of the compliance deficiency (CD).
- b) A list of action steps to be taken to correct the CD.
- c) A date of completion for each CD/NR.
- d) Who will be responsible for correction and ongoing compliance.

The CPU analyst will monitor progress of the CAP completion.

4.0 ACCESS

The following deficiencies in Access regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 4.25:

Intergovernmental Agreement Exhibit A, Attachment I, III, JJ, 1.

JJ. Subcontract Termination

1. The Contractor shall notify the Department of the termination of any subcontract with a certified provider, and the basis for termination of the subcontract, within two (2) business days. The Contractor shall submit the notification by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov.

Finding: The Plan does not send a secure, encrypted email to: SUDCountyReports@dhcs.ca.gov when the Plan terminates a provider's subcontract.

8.0 PROGRAM INTEGRITY

The following program integrity deficiencies in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 8.58:

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 4, i – ii.

- i. The substance use disorder medical director's responsibilities shall at a minimum include all of the following:
 - a. Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
 - b. Ensure that physicians do not delegate their duties to non-physician personnel.
 - c. Develop and implement medical policies and standards for the provider.
 - d. Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.
 - e. Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
 - f. Ensure that provider's physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries
 - g. Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.
- ii. The substance use disorder medical director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the substance use disorder medical director shall remain responsible for ensuring all delegated duties are properly performed..

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 5, v.

- v. Written roles and responsibilities and a code of conduct for the medical director shall be clearly documented, signed and dated by a provider representative and the physician.

Finding: The written roles and responsibilities did not meet the following requirement:

- Ensure that physicians do not delegate their duties to non-physician personnel

CD 8.61:

Intergovernmental Agreement Exhibit A, Attachment I, III, HH, 1-2.

All complaints received by Contractor regarding a DMC certified facility shall be forwarded to:
Submit to Drug Medi-Cal Complaints:

Department of Health Care Services
P.O. Box 997413
Sacramento, CA 95899-7413

Alternatively, call the Hotlines:

Drug Medi-Cal Complaints/Grievances: (800) 896-4042

Drug Medi-Cal Fraud: (800) 822-6222

Complaints for Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities may be made by telephoning the appropriate licensing branch listed below:

SUD Compliance Division:

Public Number: (916) 322-2911

Toll Free Number: (877) 685-8333

The Complaint Form is available and can may be submitted online:

<http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>

Counties shall be responsible for investigating complaints and providing the results of all investigations to DHCS's e-mail address by secure, encrypted e-mail to SUDCountyReports@dhcs.ca.gov within two (2) business days of completion.

Finding: The Plan did not provide evidence substantiating the above requirements are being met.