

March 16, 2023

THIS LETTER SENT VIA EMAIL TO: tvartan@stanbhhs.org

Tony Vartan, Director
Stanislaus County Behavioral Health and Recovery Services
800 Scenic Dr.
Modesto, CA 95350

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC-ODS FINDINGS
REPORT

Dear Director Vartan:

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

Stanislaus 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 5/16/2023. 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.

If you have any questions, please contact me at emanuel.hernandez@dhcs.ca.gov.

Sincerely,

Emanuel Hernandez

Emanuel Hernandez | County Compliance Monitoring II Analyst
Distribution:

To: Director Vartan,

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
Nasrin Safi, LMFT, Stanislaus County Behavioral Health Quality & Risk Manager
Tabitha Sprague, Stanislaus County Behavioral Health Substance Use Disorder System Chief/Manager IV

COUNTY REVIEW INFORMATION

County:

Stanislaus

County Contact Name/Title:

Nasrin Safi, LMFT, Quality Services & Risk Manager

County Address:

800 Scenic Drive
Modesto, CA 95350

County Phone Number/Email:

(209) 525-6265
NSafi@stanbhhs.org

Date of DMC-ODS Implementation:

4/1/2019

Date of Review:

1/10/2023

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 1/10/2023. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, County Compliance Monitoring II (CCM II) Analyst
Alexis Maher, DHCS Associate Governmental Program Analyst (AGPA)
- Representing Stanislaus County:
Tabitha Sprague, Substance Use Disorder System Chief/Manager IV
Nasrin Safi, Quality Services & Risk Management Manager III
Robert Watson, Substance Use Disorder System of Care Manager III
Tracey McCullough, SUD Stanislaus Recovery Center (SRC), Manager II
La Donna R. Norman, Quality Services (QS) Manager II
Jennifer Marsh, SUD Education Prevention Services, Staff Services Coordinator
Liz Pike, SUD Stanislaus Recovery Center (SRC), Behavioral Health Coordinator
Charles Yarnell, Stanislaus Recovery Center (SRC), Staff Services Coordinator
Kevin Panyanovang, Chief Operations Officer
Cam Quach, Information & Technology (IT), Staff Services Analyst
Megan Vylonis, Compliance & Privacy Officer Manager II
Leonor Sierra, Training Department, Manager III
Shelby Guthmiller, Accounting Services, Accountant III
Tiffany Bibbins, Medical Records, Medical Records Coordinator
Stacey Callahan, Sierra Vista Child Family Services (SVCFS) Program Manager
Cory Taylor, SUD Care Coordinator Team (CCT), Behavioral Health Coordinator
Jeff Mason, Center for Human Services (CHS), Program Manager
Jimmy Yarnell, Stanislaus Recovery Center (SRC), Behavioral Health Coordinator
Melonie Saleh, Quality Services (QS), Mental Health Clinician II
Monica Salazar, Chief, Behavioral Health Plan Administration
Tina Jamison, Fiscal & Administrative Services Chief/Manager
Danielle Banning, Outcomes & Evaluation Management (OEM), Staff Services Analyst
Janet Nunez-Pineda, Prevention Early Intervention (PEI), Manager III
Mary Cruz Vargas, Quality Services (QS), Quality Services Specialist

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 01/10/2023. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, County Compliance Monitoring II (CCM II) Analyst
Alexis Maher, DHCS Associate Governmental Program Analyst (AGPA)
- Representing Stanislaus County:
Tabitha Sprague, Substance Use Disorder System Chief/Manager IV
Nasrin Safi, Quality Services & Risk Management Manager III
Robert Watson, Substance Use Disorder System of Care Manager III
Tracey McCullough, SUD Stanislaus Recovery Center (SRC), Manager II
La Donna R. Norman, Quality Services (QS) Manager II
Jennifer Marsh, SUD Education Prevention Services, Staff Services Coordinator
Liz Pike, SUD Stanislaus Recovery Center (SRC), Behavioral Health Coordinator
Charles Yarnell, Stanislaus Recovery Center (SRC), Staff Services Coordinator
Kevin Panyanovang, Chief Operations Officer
Cam Quach, Information & Technology (IT), Staff Services Analyst
Megan Vylonis, Compliance & Privacy Officer Manager II
Leonor Sierra, Training Department, Manager III
Shelby Guthmiller, Accounting Services, Accountant III
Tiffany Bibbins, Medical Records, Medical Records Coordinator
Stacey Callahan, Sierra Vista Child Family Services (SVCFS) Program Manager
Cory Taylor, SUD Care Coordinator Team (CCT), Behavioral Health Coordinator
Jeff Mason, Center for Human Services (CHS), Program Manager
Jimmy Yarnell, Stanislaus Recovery Center (SRC), Behavioral Health Coordinator
Melonie Saleh, Quality Services (QS), Mental Health Clinician II
Monica Salazar, Chief, Behavioral Health Plan Administration
Tina Jamison, Fiscal & Administrative Services Chief/Manager
Danielle Banning, Outcomes & Evaluation Management (OEM), Staff Services Analyst
Janet Nunez-Pineda, Prevention Early Intervention (PEI), Manager III
Mary Cruz Vargas, Quality Services (QS), Quality Services Specialist

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	5
2.0 Coordination of Care Requirements	1
3.0 Quality Assurance and Performance Improvement	4
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 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 1.2.1:

Intergovernmental Agreement Exhibit A, Attachment I, II, H, 6, i-v

- i. The Contractor and its subcontractors shall not knowingly have a relationship of the type described in paragraph (iii) of this subsection with the following:
 - a. An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
 - b. An individual or entity who is an affiliate, as defined in the Federal Acquisition Regulation at 48 CFR 2.101, of a person described in paragraph (a)(1) of this section.
- ii. The Contractor and its subcontractors shall not have a relationship with an individual or entity that is excluded from participation in any Federal Health Care Program under section 1128 or 1128A of the Act.
- iii. The relationships described in paragraph (i) of this section, are as follows:
 - a. A director, officer, or partner of the Contractor.
 - b. A subcontractor of the Contractor, as governed by 42 CFR §438.230.
 - c. A person with beneficial ownership of five percent or more of the Contractor's equity.
 - d. A network provider or person with an employment, consulting, or other arrangement with the Contractor for the provision of items and services that are significant and material to the Contractor's obligations under this Agreement.
- iv. If the Department finds that the Contractor is not in compliance, the Department:
 - a. Shall notify the Secretary of the noncompliance.
 - b. May continue an existing Agreement with the Contractor unless the Secretary directs otherwise.
 - c. May not renew or otherwise extend the duration of an existing Agreement with the Contractor unless the Secretary provides to the state and to Congress a written statement describing compelling reasons that exist for renewing or extending the Agreement despite the prohibited affiliations.
 - d. Nothing in this section shall be construed to limit or otherwise affect any remedies available to the U.S. under sections 1128, 1128A or 1128B of the Act.
- v. The Contractor shall provide the Department with written disclosure of any prohibited affiliation under this section by the Contractor or any of its subcontractors.

Findings: The Plan did not provide evidence to demonstrate compliance with identifying Plan and subcontracted network providers knowingly having prohibited relationships with:

- An individual or entity debarred, suspended, or excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
- An individual or entity defined as an affiliate of an individual or entity debarred, suspended, or excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.

CD 1.2.2:

Intergovernmental Agreement Exhibit A, Attachment I, III, J, 3

3. The Contractor shall only select providers that have a Medical Director who, prior to the delivery of services under this Agreement, has enrolled with DHCS under applicable state regulations, has been screened in accordance with 42 CFR 455.450(a) as a “limited” categorical risk within a year prior to serving as a Medical Director under this Agreement, and has signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107.

Findings: The Plan did not provide evidence to demonstrate Plan and subcontracted network providers only select providers that have a Medical Director who:

- Enrolled with DHCS under applicable state regulations.
- Screened as a “limited” categorical risk within a year prior to serving as a Medical Director.
- Signed a Medicaid provider agreement with DHCS.

CD 1.2.3:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 5, i, a, i-ii

- i. The Contractor shall implement written policies and procedures for selection and retention of network providers and the implemented policies and procedures, at a minimum, meet the following requirements:
- a. Credentialing and re-credentialing requirements.
 - i. The Contractor shall follow the state’s established uniform credentialing and re-credentialing policy that addresses behavioral and substance use disorders, outlined in DHCS Information Notice 18-019.
 - ii. The Contractor shall follow a documented process for credentialing and re-credentialing of network providers.

MHSUDS Information Notice: 18-019

CREDENTIALING POLICY 2018

For all licensed, waived, registered and/or certified providers⁴, the Plan must verify and document the following items through a primary source, ⁵ as applicable. The listed

requirements are not applicable to all provider types. When applicable to the provider type, the information must be verified by the Plan unless the Plan can demonstrate the required information has been previously verified by the applicable licensing, certification and/or registration board.

1. The appropriate license and/or board certification or registration, as required for the particular provider type;
2. Evidence of graduation or completion of any required education, as required for the particular provider type;
3. Proof of completion of any relevant medical residency and/or specialty training, as required for the particular provider type; and
4. Satisfaction of any applicable continuing education requirements, as required for the particular provider type.

In addition, Plans must verify and document the following information from each network provider, as applicable, but need not verify this information through a primary source:

1. Work history;
2. Hospital and clinic privileges in good standing;
3. History of any suspension or curtailment of hospital and clinic privileges;
4. Current Drug Enforcement Administration identification number;
5. National Provider Identifier number;
6. Current malpractice insurance in an adequate amount, as required for the particular provider type;
7. History of liability claims against the provider;
8. Provider information, if any, entered in the National Practitioner Data Bank, when applicable. See <https://www.npdb.hrsa.gov/>;
9. History of sanctions from participating in Medicare and/or Medicaid/Medi-Cal: providers terminated from either Medicare or Medi-Cal, or on the Suspended and Ineligible Provider List, may not participate in the Plan's provider network. This list is available at: <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>; and
10. History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards.

Provider Re-credentialing

DHCS requires each Plan to verify and document at a minimum every three years that each network provider that delivers covered services continues to possess valid credentials, including verification of each of the credentialing requirements listed above.

42 CFR §438.214

Findings: The Plan did provide evidence to demonstrate implemented policies and procedures for the selection and retention of network providers however, the policies and procedures are missing the following elements:

- The appropriate license and/or board certification or registration, as required for the particular provider type;

- Evidence of graduation or completion of any required education, as required for the particular provider type;
- Proof of completion of any relevant medical residency and/or specialty training, as required for the particular provider type;
- Satisfaction of any applicable continuing education requirements, as required for the particular provider type;
- Work history;
- Hospital and clinic privileges in good standing;
- History of any suspension or curtailment of hospital and clinic privileges;
- Current Drug Enforcement Administration identification number;
- National Provider Identifier number;
- Current malpractice insurance in an adequate amount, as required for the particular provider type;
- History of liability claims against the provider;
- Provider information, if any, entered in the National Practitioner Data Bank, when applicable. See <https://www.npdb.hrsa.gov/>;
- History of sanctions from participating in Medicare and/or Medicaid/Medi-Cal: providers terminated from either Medicare or Medi-Cal, or on the Suspended and Ineligible Provider List, may not participate in the Plan's provider network. This list is available at: <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>;
- History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards; and
- The Plan verifies and documents credentials every three (3) years.

CD 1.2.4:

Intergovernmental Agreement Exhibit A, Attachment I, II, E, 5, i, a, i-ii

- i. The Contractor shall implement written policies and procedures for selection and retention of network providers and the implemented policies and procedures, at a minimum, meet the following requirements:
 - a. Credentialing and re-credentialing requirements.
 - i. The Contractor shall follow the state's established uniform credentialing and re-credentialing policy that addresses behavioral and substance use disorders, outlined in DHCS Information Notice 18-019.
 - ii. The Contractor shall follow a documented process for credentialing and re-credentialing of network providers

MHSUDS Information Notice: 18-019

Attestation

For all network providers who deliver covered services, each provider's application to contract with the Plan must include a signed and dated statement attesting to the following:

1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
2. A history of loss of license or felony conviction;
3. A history of loss or limitation of privileges or disciplinary activity;

4. A lack of present illegal drug use; and
5. The application's accuracy and completeness.

42 CFR §438.214

Findings: The Plan did not provide evidence to demonstrate the completion of two (2) credentialing attestations for licensed providers employed by Stanislaus County for fiscal 2021/2022.

The Plan did not provide the requested evidence to demonstrate the completion of five (5) credentialing attestations for licensed providers employed by subcontractors for fiscal year 2021/2022.

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 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 2.1.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, WW, 2, i-ii, a-d

- i. Perinatal services shall address treatment and recovery issues specific to pregnant and postpartum beneficiaries, such as relationships, sexual and physical abuse, and development of parenting skills.
- ii. Perinatal services shall include:
 - a. Parent/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792).
 - b. Service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment).
 - c. Education to reduce harmful effects of alcohol and drugs on the parent and fetus or the parent and infant.
 - d. Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).

Findings: The Plan did not provide evidence to demonstrate perinatal services address treatment and recovery issues specific to pregnant and postpartum woman, specifically:

- Relationships, sexual and physical abuse, and development of parenting skills.
- Parent/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792).
- Education to reduce harmful effects of alcohol and drugs on the parent and fetus or the parent and infant.

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 3.2.2:

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

5. The monitoring of accessibility of services outlined in the Quality Improvement (QI) Plan will at a minimum include:
 - i. Timeliness of first initial contact to face-to-face appointment.

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

- Timeliness with first initial contact to face-to face appointments.

CD 3.2.3:

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

5. The monitoring of accessibility of services outlined in the Quality Improvement (QI) Plan will at a minimum include:
 - iii. Timeliness of services of the first dose of NTP services.

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

- Timeliness of services of the first dose of NTP services.

CD 3.3.3:

Intergovernmental Agreement Exhibit A, Attachment, III, MM, 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 4.1.1:

Intergovernmental Agreement Exhibit A, Attachment I, III, OO, 1

1. Contractor shall include instructions on record retention and include in any subcontract with providers the mandate to keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to W&I Code section 14124.1 and 42 CFR 438.3(h) and 438.3(u).

WIC 14124.1

Findings: The Plan did not provide evidence to demonstrate Plan and subcontracted network providers ensure records are retained for ten years from the final date of the contract period between the County and the provider, from the date of completion of any audit, or from the date the service was rendered, whichever is later, pursuant to WIC 14124.1 and CFR 438.3(h) and 438.3(u).

TECHNICAL ASSISTANCE

Stanislaus County did not request technical assistance.