



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



GAVIN NEWSOM  
GOVERNOR

May 20, 2022

Sent via e-mail to: [JAfrica@marincounty.org](mailto:JAfrica@marincounty.org)

Africa, Director  
Marin County Health and Human Services (HHS)  
Behavioral Health and Recovery Services  
10 North San Pedro Road  
San Rafael, CA 94903

SUBJECT: Annual DMC-ODS County Compliance Unit Findings Report

Dear Director Africa,

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 Marin County.

The County Compliance Unit (CCU) 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 Marin County's State Fiscal Year 2021-22 DMC-ODS compliance review. The report identifies deficiencies, required corrective actions, new requirements, advisory recommendations, and referrals for technical assistance.

Marin County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) noted to the Medi-Cal Behavioral Health Division (MCBHD), Plan and Network Monitoring Branch (PNMB), County/Provider Operation and Monitoring Branch (CPOMB) Analyst by 7/20/2022. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CPOMB liaison at [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov).

If you have any questions or need assistance, please contact me at [emanuel.hernandez@dhcs.ca.gov](mailto:emanuel.hernandez@dhcs.ca.gov).

Sincerely,

Emanuel Hernandez  
(916) 713-8667

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
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Sacramento, CA 95814  
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Distribution:

To: Director Africa,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
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[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County/Provider Operations and Monitoring Branch  
Catherine Condon, Marin County Behavioral Health and Recovery Services, Division Director

## COUNTY REVIEW INFORMATION

**County:**

Marin

**County Contact Name/Title:**

Catherine Condon, Behavioral Health Recovery Services Division Director

**County Address:**

10 North San Pedro Road, San Rafael, CA 94903

**County Phone Number/Email:**

415-473-4218

CCondon@marincounty.org

**Date of DMC-ODS Implementation:**

04/01/2017

**Date of Review:**

02/16/2022

**Lead CCU Analyst:**

Emanuel Hernandez

**Assisting CCU 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's Medi-Cal 2020 section 1115(a) Medicaid Demonstration STC, Part X: Drug Medi-Cal Organized Delivery System
  - b. Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care
  
- II. Program Requirements:
  - a. Fiscal Year (FY) 2020-21 Intergovernmental Agreement (IA)
  - b. Fiscal Year (FY) 2021-22 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 02/16/2022. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
- Representing Marin County:  
Catherine Condon, Behavioral Health Recovery Services Division Director  
Jordan Hall, Behavioral Health Recovery Services Program Manager  
Cody Milner, Behavioral Health Recovery Services Senior Program Coordinator  
Roxana Yekta, Behavioral Health Recovery Services Senior Program Coordinator  
Kelsey Engstrom, Behavioral Health Recovery Services Senior Program Manager  
Leigh Steffy, Behavioral Health Recovery Services Department Analyst II  
Maureen Mo de Nieva, Behavioral Health Recovery Services Senior Program Manager  
Rosana Lallana, Behavioral Health Recovery Services Compliance and Privacy Officer  
Sarah Morgan, Behavioral Health Recovery Services Compliance & Privacy Analyst  
Suz Mitchell, Behavioral Health Recovery Services Department Analyst II

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 02/16/2022. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, AGPA
- Representing Marin County:  
Catherine Condon, Behavioral Health Recovery Services Division Director  
Jordan Hall, Behavioral Health Recovery Services Program Manager  
Cody Milner, Behavioral Health Recovery Services Senior Program Coordinator  
Roxana Yekta, Behavioral Health Recovery Services Senior Program Coordinator  
Kelsey Engstrom, Behavioral Health Recovery Services Senior Program Manager  
Leigh Steffy, Behavioral Health Recovery Services Department Analyst II  
Maureen Mo de Nieva, Behavioral Health Recovery Services Senior Program Manager  
Rosana Lallana, Behavioral Health Recovery Services Compliance and Privacy Officer  
Sarah Morgan, Behavioral Health Recovery Services Compliance & Privacy Analyst  
Suz Mitchell, Behavioral Health Recovery Services Department Analyst II

During the Exit Conference, the following topics were discussed:

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

## SUMMARY OF FY 2021-22 COMPLIANCE DEFICIENCIES (CD)

<u>Section:</u>	<u>Number of CD's</u>
1.0 Availability of DMC-ODS Services	0
2.0 Coordination of Care	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 KK, 2, i 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 2021-22 CAP:

- a) DHCS' CAP Template used to document process.
- b) A list of action steps to be taken to correct the CD.
- c) The name of the person who will be responsible for corrections and ongoing compliance.
- d) Provide a specific description on how ongoing compliance is ensured
- e) A date of completion for each CD.

The CPOMB liaison will monitor progress of the CAP completion.

## 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, AA, 3, iii, a-e

- iii. Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. The Contractor will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews. The required EBPs include:
- a. Motivational Interviewing;
  - b. Cognitive-Behavioral Therapy;
  - c. Relapse Prevention;
  - d. Trauma-Informed Treatment; and
  - e. Psycho-Education.

**Findings:** The Plan did not provide evidence demonstrating providers are monitored for implementation and utilization of at least two of the required Evidence Based Practices during provider reviews.



**CD 3.2.4:**

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, iii, a-i

- i. Written provider code of conduct for employees and volunteers/interns shall be established which addresses at least the following:
  - a. Use of drugs and/or alcohol
  - b. Prohibition of social/business relationship with beneficiaries or their family members for personal gain
  - c. Prohibition of sexual contact with beneficiaries
  - d. Conflict of interest
  - e. Providing services beyond scope
  - f. Discrimination against beneficiaries or staff
  - g. Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff
  - h. Protection of beneficiary confidentiality
  - i. Cooperate with complaint investigations

Intergovernmental Agreement Exhibit A, Attachment I, III, PP, 6, 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.

**Findings:** The Plan did not provide evidence demonstrating the Code of Conduct for Bay Area Community Resources Medical Director included all required elements. The following required element is missing, specifically:

- Use of drugs and/or alcohol.

**CD 3.4.1:**

Intergovernmental Agreement Exhibit A, Attachment I, III, FF, 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**

The county did not make any technical assistance requests.