



WILL LIGHTBOURNE
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

June 26, 2020

Sent via e-mail to: rroberts@mono.ca.gov

Robin K. Roberts, MFT, Director
Mono County Behavioral Health
452 Old Mammoth Road
Mammoth Lakes, CA 93546

SUBJECT: Annual County Compliance Unit Report

Dear Director Roberts:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the State Plan Drug Medi-Cal (DMC) Contract operated by Mono 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 Mono County's State Fiscal Year 2019-20 State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Mono County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the Medi-Cal Behavioral Health Division (MCBHD), Plan and Network Monitoring Branch (PNMB), County Monitoring Unit (CMU) Analyst by 7/27/2020. Please use enclosed CAP plan form when completing the CAP. CAP and supporting documentation to be e-mailed to the CMU analyst at MCBHDMonitoring@dhcs.ca.gov.

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

Sincerely,

Michael Bivians
(916) 713-8966
michael.bivians@dhcs.ca.gov

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
1500 Capitol Ave., MS 2305
Sacramento, CA 95814
<http://www.dhcs.ca.gov>

Distribution:

To: Director Roberts,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
Lanette Castleman, Audit and Investigation, Behavioral Health Compliance Section Chief
Mayumi Hata, Audit and Investigation, County Compliance Unit Chief
Janet Rudnick, Audit and Investigation, Provider Compliance Unit Chief
Kamilah Holloway, Medi-Cal Behavioral Health Division, Plan and Network Monitoring Branch
Chief
MCBHDMonitoring@dhcs.ca.gov, County and Provider Monitoring Unit
Amanda Greenberg, Mono County Behavioral Health Program Manager

Lead CCU Analyst: Michael Bivians	Date of Review: April 2020
County: Mono	County Address: 452 Old Mammoth Road Mammoth Lakes, CA 93546
County Contact Name/Title: Amanda Greenberg, MPH, Behavioral Health Program Manager	County Phone Number/Email: 760-924-1740 agreenberg@mono.ca.gov
Report Prepared by: Michael Bivians	Report Approved by: Mayumi Hata

REVIEW SCOPE

- I. Regulations:
 - a. California Code of Regulations, Title 22, section 51341.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
 - c. 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
 - d. Code of Federal Regulations, Title 42 Chapter IV, Subchapter C, Part 438; section 438.1 through 438.930: Managed Care

- II. Program Requirements:
 - a. State Fiscal Year (SFY) 2019-20 State County Contract, herein referred to as State County Contract
 - b. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
 - c. State Fiscal Year (SFY) 2019-20 Intergovernmental Agreement (IA)

SUMMARY OF SFY 2019-20 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	3
2.0 Beneficiary Services	0
3.0 Service Provisions	1
4.0 Access	1
5.0 Monitoring	3
6.0 Program Integrity	5
7.0 Compliance	12

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 SFY 2019- 20 CAP.

- a) A statement of the 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 CMU analyst will monitor progress of the CAP completion.

1.0 ADMINISTRATION

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

COMPLIANCE DEFICIENCIES:

CD 1.1:

Exhibit A, Attachment I, Part I, Section 1, B

B. It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

22 CCR § 51341.1 (b) (28) (A) (iii)

iii. ... A substance use disorder medical director shall receive a minimum of five (5) hours of continuing medical education in addiction medicine each year...

Finding: The County did not provide evidence to support Mono County's Medical Director received the annual five (5) hours of continuing medical education in addiction medicine.

CD 1.2:

Exhibit A, Attachment I, Part I, Section 4, A, 3, a

a.) Contractor shall ensure subcontractors complete training on the requirements of Title 22 regulations and DMC program requirements at least annually from either DHCS' SUD Program, Policy and Fiscal Division (SUD PPF) or the Contractor. Contractor shall provide documentation of attendance at the annual training to DHCS' e-mail address SUDCOUNTYREPORTS@dhcs.ca.gov annually as part of the DHCS Contractor monitoring process.

Finding: The County did provide evidence of the Title 22 training materials used by subcontractors. The County did not provide evidence of attendance by subcontractors for annual Title 22 training.

CD 1.4:

Exhibit A, Attachment I, Part I, Section 2, A, 1, a-e

Contractor shall establish assessment and referral procedures and shall arrange, provide, or subcontract for covered services in the Contractor's service area. Covered services include:

- a) Outpatient drug-free treatment
- b) Narcotic replacement therapy
- c) Naltrexone treatment
- d) Intensive Outpatient Treatment
- e) Perinatal Residential Substance Abuse Services (excluding room and board)

MHSUDS Information Notice No: 18-009

The DMC contract between the Department and a contracting county specifies that the contracting county "shall establish assessment and referral procedures **and** shall arrange, provide, or subcontract for covered services in the Contractor's service area." (See Fiscal Year 2017-2020 DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection A, Paragraph 1.) The contract goes on to define "covered services" to include the following:

- a) Outpatient drug-free treatment;
- b) Narcotic replacement therapy;
- c) Naltrexone treatment;
- d) Intensive Outpatient Treatment; and
- e) Perinatal Residential Substance Abuse Services (excluding room and board).

(DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection A, Paragraph 1)

The contract further requires that a contracting county "maintain continuous availability and accessibility of covered services and facilities, service sites, and personnel to provide the covered services." (DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection B, Paragraph 1.) These services must be provided to Medi-Cal beneficiaries with reasonable promptness, may not be limited due to budgetary constraints, and must be provided to requesting beneficiaries without regard to the county of residence (DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection B, Paragraphs 1 and 2.). A referral to a non-contracting provider or to another county without an appropriate funding agreement does not fulfill a county's contractual obligation to arrange, provide or subcontract for DMC services.

If a county does not fulfill its contractual obligations to arrange, provide or subcontract for the provision of **all** DMC covered services, the Department may, at its discretion, require that the contracting county forfeit its county realignment funds, pursuant to Government Code Section 30027.10, and may require that the county surrender its authority to function as the administrator of DMC services (Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection C, Paragraph 3.). Additionally, the Department will enter into direct contracts with providers and will invoice the county for all DMC claims for services provided to the residents of that county (Contract, Exhibit B, Part II, Section 3, Subsection B).

Finding: The County did not provide assessment and referral procedures used to refer eligible beneficiaries for covered services in the County's service area.

3.0 SERVICE PROVISIONS

The following DMC deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 3.6:

Exhibit A, Attachment I, Part I, Section 2, A, 1, a-e

Contractor shall establish assessment and referral procedures and shall arrange, provide, or subcontract for covered services in the Contractor's service area. Covered services include:

- a) Outpatient drug-free treatment
- b) Narcotic replacement therapy
- c) Naltrexone treatment
- d) Intensive Outpatient Treatment
- e) Perinatal Residential Substance Abuse Services (excluding room and board)

MHSUDS Information Notice No: 18-009

The DMC contract between the Department and a contracting county specifies that the contracting county "shall establish assessment and referral procedures **and** shall arrange, provide, or subcontract for covered services in the Contractor's service area." (See Fiscal Year 2017-2020 DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection A, Paragraph 1.) The contract goes on to define "covered services" to include the following:

- f) Outpatient drug-free treatment;
- g) Narcotic replacement therapy;
- h) Naltrexone treatment;
- i) Intensive Outpatient Treatment; and
- j) Perinatal Residential Substance Abuse Services (excluding room and board).

(DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection A, Paragraph 1)

The contract further requires that a contracting county "maintain continuous availability and accessibility of covered services and facilities, service sites, and personnel to provide the covered services." (DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection B, Paragraph 1.) These services must be provided to Medi-Cal beneficiaries with reasonable promptness, may not be limited due to budgetary constraints, and must be provided to requesting beneficiaries without regard to the county of residence (DMC Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection B, Paragraphs 1 and 2.). A referral to a non-contracting provider or to another county without an appropriate funding agreement does not fulfill a county's contractual obligation to arrange, provide or subcontract for DMC services.

If a county does not fulfill its contractual obligations to arrange, provide or subcontract for the provision of **all** DMC covered services, the Department may, at its discretion, require that the contracting county forfeit its county realignment funds, pursuant to Government Code Section 30027.10, and may require that the county surrender its authority to function as the administrator of DMC services (Contract, Exhibit A, Attachment I, Part I, Section 2, Subsection C, Paragraph 3.). Additionally, the Department will enter into direct contracts with

providers and will invoice the county for all DMC claims for services provided to the residents of that county (Contract, Exhibit B, Part II, Section 3, Subsection B).

Finding: The County's does not provide the following covered service:

- Intensive Outpatient Treatment.

4.0 ACCESS

The following DMC deficiency in regulations, standards, or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 4.7:

Exhibit A, Attachment I, Part I, Section 4, B, 6, a

- a) Contractor shall notify their assigned DHCS' County Monitoring Unit analyst through e-mail of the termination of any contract with a certified subcontracted provider, and the basis for termination of the contract, within two business days.

Finding: The County's process does not include notifying the assigned DHCS County Monitoring Unit analyst within two (2) business days when a provider's subcontract is terminated.

5.0 MONITORING

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

COMPLIANCE DEFICIENCIES:

CD 5.8:

Exhibit A, Attachment I, Part I, Section 4, A, 2, f

f) Contractor shall implement and maintain compliance with the system of review described in Title 22, Section 51341.1(k), for the purpose review utilization, quality, and appropriateness of covered services and ensuring that all applicable Medi-Cal requirements are met.

22 CCR § 51341.1 (h) (1) (v) (a) (b)

- a) The physician shall evaluate each beneficiary to diagnose whether the beneficiary has a substance use disorder, within thirty (30) calendar days of the beneficiary's admission to treatment date. The diagnosis shall be based on the applicable diagnostic code from the Diagnostic and Statistical Manual of Mental Disorders Third Edition-Revised or Fourth Edition, published by the American Psychiatric Association. The physician shall document the basis for the diagnosis in the beneficiary's individual patient record.
- b) As an alternative to complying with Paragraph (a) above, the therapist, physician assistant, or nurse practitioner, acting within the scope of their respective practice, shall evaluate each beneficiary to diagnose whether the beneficiary has a substance use disorder, within thirty (30) calendar days of the beneficiary's admission to treatment date. The diagnosis shall be based on the applicable diagnostic code from the Diagnostic and Statistical Manual of Mental Disorders Third Edition - Revised or Fourth Edition, published by the American Psychiatric Association. The individual who performs the diagnosis shall document the basis for the diagnosis in the beneficiary's individual patient record. The physician shall document approval of each beneficiary's diagnosis that is performed by a therapist, physician assistant or nurse practitioner by signing and dating the beneficiary's treatment plan.

Finding: The County did not provide evidence ensuring all subcontracted SUD program Medical Directors are establishing medical necessity.

CD 5.9:

Exhibit A, Attachment I, Part I, Section 4, A, 2, f

- f) Contractor shall implement and maintain compliance with the system of review described in Title 22, Section 51341.1(k), for the purpose review utilization, quality, and appropriateness of covered services and ensuring that all applicable Medi-Cal requirements are met.

Exhibit A, Attachment I, Part I, Section 4, B, 1, b

- b) Contractor shall conduct, at least annually, an audit of DMC providers to assure covered services are being appropriately rendered. The annual audit must include an on-site visit of the service provider. Reports of the annual review shall be provided to DHCS's Performance Management Branch at:

Finding: The County did not provide evidence of having a system in place to ensure DMC services are utilized appropriately and meet all Medi-Cal requirements.

CD 5.14:

Exhibit A, Attachment I, Part III, B

Contractors and subcontractors that provide DMC services shall be responsible for verifying the Medi-Cal eligibility of each month of services prior to billing for DMC services to that client for that month. Medi-Cal eligibility verification shall be performed prior to rendering service, in accordance with and as described in DHCS' DMC Provider Billing Manual. Options for verifying the eligibility of a Medi-Cal beneficiary described in the DHCS' DMC provider Billing Manual.

Finding: The County did not provide evidence they ensure service area providers are verifying DMC eligibility for each beneficiary, for each month of service.

6.0 PROGRAM INTEGRITY

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

COMPLIANCE DEFICIENCIES:

CD 6.15:

Exhibit A, Attachment I, Part I, Section 4, B, 1, e

- e) Contractor shall certify the DMC claims submitted to DHCS represent expenditures eligible for FFP and attest that the submitted claims have been subject to review and verification process for accuracy and legitimacy (42 CFR 430.30, 433.32, and 433.51). Contractor shall not knowingly submit claims for services rendered to any beneficiary after the beneficiary's date of death, or from uncertified or decertified providers.

Finding: The County did not provide evidence of a process to review and verify DMC claims submitted are accurate and legitimate.

CD 6.16:

Exhibit A, Attachment I, Part I, Section 1, B

- B. It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

22 CCR 51341.1(h)(7)

7. Except where share of cost, as defined in Section 50090, is applicable, providers shall accept proof of eligibility for Drug Medi-Cal as payment in full for treatment services rendered. Providers shall not charge fees to a beneficiary for access to Drug Medi-Cal substance use disorder services or for admission to a Drug Medi-Cal Treatment slot.

22 CCR § 50090

Share of cost means a person's or family's net income in excess of their maintenance need that must be paid or obligated toward the cost of health care services before the person or family may be certified and receive Medi-Cal cards.

Finding: The County did not provide evidence they ensure subcontracted providers are accepting proof of DMC eligibility as payment in full for drug treatment services.

CD 6.17:

Exhibit A, Attachment I, Part I, 3, A, 4, c

4. Contractor shall require all the subcontracted providers of services to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines:

c) Minimum Quality Treatment Standards, (Document 2F(a))

Document 2F(a), A, 5

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC. If conflict between regulations and standards occurs, the most restrictive shall apply.

A. Personnel Policies

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

22 CCR § 51341.1 (b) (28) (A) (i) (a-f)

- 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 are adequately trained to perform other physician duties, as outlined in this section.

Finding: The County did not provide a copy of the written roles and responsibilities for the Medical Director of Mono County. The written roles and responsibilities for the Medical Director of Tarzana Treatment Centers did not include the following requirements:

- Ensure that physicians do not delegate their duties to non-physician personnel,
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations,
- Ensure that provider's physicians are adequately trained to perform other physician duties.

CD 6.18:

Document 2F(a), A, 5

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC. If conflict between regulations and standards occurs, the most restrictive shall apply.

A. Personnel Policies

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

Document 2F(a), A, 3

Compliance with the following Minimum Quality Treatment Standards is required in addition to CCR Title 9 and 22 regulations for all SUD treatment programs either partially or fully funded through DMC. If conflict between regulations and standards occurs, the most restrictive shall apply.

A. Personnel Policies

3. Written 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 beneficiary's 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 beneficiary's or staff;
 - g) Verbally, physically, or sexually harassing, threatening, or abusing beneficiary's, family members or other staff;
 - h) Protection beneficiary confidentiality;
 - i) The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under; and
 - j) Cooperate with complaint investigations.

Finding: The County did not provide a copy of the Code of Conduct for the Medical Director of Mono County. The Code of Conduct for Tarzana Treatment Center's Medical Director did not include the following requirement:

- Prohibition of sexual contact with beneficiaries.

CD 6.19:

Exhibit A, Attachment I, Part III, C, 3 - 6

The CalOMS-Tx business rules and requirements are:

3. 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.
4. 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.
5. 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.
6. 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.

Finding: The following CalOMS-Tx report is non-compliant:

- Open Admissions Report.

7.0 COMPLIANCE

During the SFY 2019-20 review, the following CAPs with CDs were discussed and are still outstanding.

State Fiscal Year (SFY): 2018-19

CD #: 9.45

Finding: The County must develop assessment and referral procedures for all of the above required DMC covered services.

Reason for non-clearance of CD: Lack of staff to implement DMC.

County plan to remediate: MCBH has a vacant position, and one of the key responsibilities of this position will be the implementation of DMC.

MCBH is not yet DMC-certified, but intends to complete this process within the next six months. As part of the certification preparation we will be creating P&Ps to address such compliance issues as this one.

Original expected date of completion: When we are certified.

Updated/ revised date of completion: MCBH anticipates this will be complete in the next six months and will be assigned to the aforementioned to-be-hired employee

State Fiscal Year (SFY): 2018-19

CD #: 9.46

Finding: The County must comply with the following requirements for Naltrexone treatment:

- Has a confirmed, documented history of opiate addiction,
- Is at least (18) years of age,
- Is opiate free,
- Is not pregnant.

Reason for non-clearance of CD: Lack of staff to implement DMC.

County plan to remediate: No response provided.

Original expected date of completion: 7-31-19

Updated/ revised date of completion: No response provided.

State Fiscal Year (SFY): 2018-19

CD #: 9.47

Finding: The County must develop a monitoring process for DMC program requirements.

Reason for non-clearance of CD: Lack of staff to implement DMC.

County plan to remediate: No response provided.

Original expected date of completion: When we are certified.

Updated/ revised date of completion: No response provided.

State Fiscal Year (SFY): 2018-19

CD #: 9.48

Finding: The County must comply with the Minimum Quality Drug Treatment Standards for DMC.

Reason for non-clearance of CD: Lack of staff to implement DMC.

County plan to remediate: No response provided.

Original expected date of completion: When we are certified.

Updated/ revised date of completion: No response provided.

State Fiscal Year (SFY): 2018-19

CD #: 9.53

Finding: The County must ensure that staff are qualified to monitor to State-County contract requirements.

Reason for non-clearance of CD: Lack of staff to implement DMC.

County plan to remediate: No response provided.

Original expected date of completion: On-Going training for calendar year 2019.

Updated/ revised date of completion: No response provided.

State Fiscal Year (SFY): 2018-19

CD #: 9.58

Finding: The County must review and verify that claims submitted were accurate and legitimate.

Reason for non-clearance of CD: Lack of staff to implement DMC.

County plan to remediate: No response provided.

Original expected date of completion: When we are certified.

Updated/ revised date of completion: No response provided.

State Fiscal Year (SFY): 2018-19

CD #: 9.59

Finding: The County must develop a process to notify the Master Provider File Team within two business days of notification or discovery of subcontractors' contract termination.

Reason for non-clearance of CD: Lack of staff to implement DMC.

County plan to remediate: No response provided.

Original expected date of completion: 7-31-19

Updated/ revised date of completion: No response provided.

State Fiscal Year (SFY): 2018-19

CD #: 9.60

Finding: The County must ensure subcontracted providers are accepting proof of DMC eligibility as payment in full for drug treatment services.

Reason for non-clearance of CD: Lack of staff to implement DMC.

County plan to remediate: No response provided.

Original expected date of completion: 8-30-19

Updated/ revised date of completion: No response provided.

State Fiscal Year (SFY): 2018-19

CD #: 9.61

Finding: The County must provide services to beneficiaries who reside out of county.

Reason for non-clearance of CD: Lack of staff to implement DMC.

County plan to remediate: No response provided.

Original expected date of completion: 7-15-19

Updated/ revised date of completion: No response provided.

State Fiscal Year (SFY): 2018-19

CD #: 9.64

Finding: The County must ensure subcontractors are in compliance with the following requirements before authorizing residential services:

- Must be documented in beneficiary record,
- Physician shall determine whether SUD services are medically necessary based on Title 22, Section 51303,
- Initially – Required within 30 days of admission Continually – Within 15 days of signature by the therapist or counselor on updated treatment plan(s),
- No sooner than 5 months and no later than 6 months from admission or the date of completion of the most recent continuing services justification,

Reason for non-clearance of CD: Lack of staff to implement DMC.

County plan to remediate: No response provided.

Original expected date of completion: 9-1-19

Updated/ revised date of completion: No response provided.

State Fiscal Year (SFY): 2018-19

CD #: 9.65

Finding: The County must ensure that all DMC programs have medical policies and standards developed and approved by the program medical director.

Reason for non-clearance of CD: Lack of staff to implement DMC.

County plan to remediate: No response provided.

Original expected date of completion: We will need a medical director before we are certified.

Updated/ revised date of completion: No response provided.

State Fiscal Year (SFY): 2018-19

CD #: 9.66

Finding: The County must ensure subcontractor medical directors receive five hours annually of continuing education units in addiction medicine.

Reason for non-clearance of CD: Lack of staff to implement DMC.

County plan to remediate: No response provided.

Original expected date of completion: 9-1-2019

Updated/ revised date of completion: No response provided.

TECHNICAL ASSISTANCE

Mono County did not request Technical Assistance during this review.