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



GAVIN NEWSOM  
GOVERNOR

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Sent via e-mail to: [Bill.Carter@sonoma-county.org](mailto:Bill.Carter@sonoma-county.org)

Bill Carter, Director  
Sonoma County Behavioral Health Division  
2227 Capricorn Way, Suite 207  
Santa Rosa, CA 95403

SUBJECT: Annual DMC State Plan County Compliance Unit Findings Report

Dear Director Carter:

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 Sonoma 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 Sonoma County's State Fiscal Year 2021-22 State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Sonoma 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/Provider Operations and Monitoring Branch (CPOMB) liaison by 7/5/22. Please use the enclosed CAP form and submit the completed CAP and supporting documentation via email to the CPOMB analyst at [MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov).

If you have any questions, please contact me at [susan.volmer@dhcs.ca.gov](mailto:susan.volmer@dhcs.ca.gov)

Sincerely,

Susan Volmer  
916-713-8677

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
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To: Director Carter:

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[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County/Provider Operations and Monitoring Branch  
Cammie Noah, Sonoma County Behavioral Health Quality Assurance Manager

## COUNTY REVIEW INFORMATION

**County:**

Sonoma

**County Contact Name/Title:**

Cammie Noah/Quality Assurance Manager

**County Address:**

2227 Capricorn Way, Suite 207

Santa Rosa, CA 95403

**County Phone Number/Email:**

707-565-7472

Cammie.noah@sonoma-county.org

**Date of Review:**

3/2/2022

**Lead CCU Analyst:**

Susan Volmer

**Assisting CCU Analyst:**

N/A

**Report Prepared by:**

Susan Volmer

**Report Approved by:**

Ayesha Smith

## REVIEW SCOPE

- I. Regulations:
  - a. California Code of Regulations, Title 22, section 51341.1, 51490.1 and 51516.1 – Drug Medi-Cal Substance Use Disorder Services
  - b. California Code of Regulations, Title 9, Division 4: Department of Alcohol and Drug Programs
  - c. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
  - d. Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Sections 14021.51-14021.53 and 14124.20-14124.25: Basic Health Care – Drug Medi-Cal Treatment Program
  
- II. Program Requirements:
  - a. Fiscal Year (FY) 2020-21 State-County Contract, herein referred to as State County Contract
  - b. Fiscal Year (FY) 2021-22 State-County Contract, herein referred to as State County Contract
  - 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 3/2/2022. The following individuals were present:

- Representing DHCS:  
Susan Volmer, Associate Governmental Program Analyst (AGPA)  
Cassandra Queen, AGPA
- Representing Sonoma County:  
Cammie Noah, DHS-BHD-SUD QA Manager  
Christina Marlow, DHS-BHD-QAPI Section Manager  
Melissa Struzzo, DHS-BHD-SUD Section Manager  
Kat Straight, DHS-BHD-QAPI Auditing & Monitoring Manager  
Ken Tasseff, DHS Privacy & Security Office  
Jen Pimentel, DHS Privacy Analyst  
Ruby Zhang, DHS Revenue Manager  
Susan Kelleher, DHS Supervising Accountant  
Masha McCarthy, DHS Compliance Analyst

During the Entrance Conference, the following topics were discussed:

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

### **Exit Conference:**

An Exit Conference was conducted via WebEx on 3/2/2022. The following individuals were present:

- Representing DHCS:  
Susan Volmer, AGPA  
Cassandra Queen, AGPA
- Representing Sonoma County:  
Cammie Noah, DHS-BHD-SUD QA Manager  
Christina Marlow, DHS-BHD-QAPI Section Manager  
Melissa Struzzo, DHS-BHD-SUD Section Manager  
Kat Straight, DHS-BHD-QAPI Auditing & Monitoring Manager  
Ken Tasseff, DHS Privacy & Security Office  
Jen Pimentel, DHS Privacy Analyst  
Ruby Zhang, DHS Revenue Manager  
Susan Kelleher, DHS Supervising Accountant  
Masha McCarthy, DHS Compliance Analyst

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 Administration	1
2.0 Covered Services	3
3.0 DMC Certification & Continued Certification	0
4.0 Monitoring	3
5.0 General Provisions	1

## **CORRECTIVE ACTION PLAN (CAP)**

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 6 a-b 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) 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 CPOMB analyst will monitor progress of the CAP completion.

## Category 1: ADMINISTRATION

A review of the County's services, contracts, and training was conducted to ensure compliance with applicable regulations and standards. The following deficiency in regulations, standards or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 1.5:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 4, a

- a) Contractor shall include instructions on record retention in any subcontract with providers and mandate all providers 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.

#### WIC 14124.1

... Records required to be kept and maintained under this section shall be retained by the provider for a period of 10 years from the final date of the contract period between the plan and the provider, from the date of completion of any audit, or from the date the service was rendered, whichever is later, in accordance with Section 438.3(u) of Title 42 of the Code of Federal Regulations.

**Finding:** The County did not provide evidence demonstrating that 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.



## Category 2: COVERED SERVICES

A review of the County's covered services was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiencies in regulations, standards or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 2.2:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 2, B, 3-4

3. The Contractor is financially responsible for all covered services provided to beneficiaries that reside in the Contractor's county.
4. The Contractor shall accept claims from any DMC enrolled provider, regardless of the location of the provider, for any covered services provided to beneficiaries residing in the Contractor's county. The Contractor shall reimburse the provider through a contract or other agreement.

**Findings:** The County did not provide evidence demonstrating it accepts claims from any DMC enrolled provider, regardless of the location of the provider, for any covered services provided to beneficiaries residing in the Contractor's county.

#### **CD 2.3:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 2, B, 5

5. The Contractor shall require all subcontractors to inform the Contractor when a beneficiary that resides in the Contractor's county is referred to, and served by, an out-of-county provider.

**Findings:** The County did not provide evidence demonstrating that subcontractors notify the County when beneficiaries who reside in that County are referred to and receive treatment from an out-of-county provider.

#### **CD 2.4:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 2, B, 1, d

- d) The Contractor shall not unlawfully discriminate against beneficiaries and potential beneficiaries on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, genderidentity, or sexual orientation (45 C.F.R. § 92.8; Gov. Code § 11135).

**Findings:** The County did not provide evidence demonstrating a process to notify beneficiaries and potential beneficiaries the provider does not discriminate in the provision of services based on the following:

- Medical condition;
- Genetic information; and
- Gender identity.

## Category 4: MONITORING

A review of the County's monitoring and program integrity was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiencies in regulations, standards or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 4.1:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 1, B

B. It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I 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, and Article 1.3, Sections 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 Regulations (hereinafter referred to as Title 9).

#### 22 CCR § 51341.1 (b) (28) (A) (i) (f) (iii)

(A) For outpatient drug free, day care habilitative, perinatal residential and naltrexone treatment services programs the following shall apply:

- (i) The substance use disorder medical director's responsibilities shall at a minimum include all of the following
- (f) Ensure that provider's physicians are adequately trained to perform diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries and perform other physician duties, as outlined in this section.
- (iii) A substance use disorder medical director shall receive a minimum of five (5) hours of continuing medical education in addiction medicine each year.

**Findings:** The County did not provide evidence demonstrating the DAAC Medical Director, Dr. Sandberg, received the annual five (5) hours of continuing medical education in addiction medicine. Specifically:

- The County did not provide evidence of continuing medical education in addiction medicine for the Medical Director in calendar year 2019.

#### **CD 4.2:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 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 Drug Treatment Standards, Document 2F(a)

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.

Document 2F(a), A, 3

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 beneficiary's;
  - 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.

Document 2F(a), A, 5

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.

**Findings:** The County did not provide evidence demonstrating the Code of Conduct for California Human Development Corporation's Medical Director, Dr. Shifflett, includes all required elements. The following required element is missing, specifically:

- Conflict of interest.

**CD 4.3:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 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))

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.

Document 2F(a), A, 5

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)

- A. For outpatient drug free, day care habilitative, perinatal residential and naltrexone treatment services programs the following shall apply:
- (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 nonphysician 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 diagnosis of substance use disorders for beneficiaries, determine the medical necessity of treatment for beneficiaries and perform other physician duties, as outlined in this section.

**Findings:** The County did not provide evidence demonstrating the written roles and responsibilities for DAAC Medical Director, Dr. Sandberg, includes all required elements. The following required elements are missing, specifically:

- Develop and implement medical policies and standards for the provider; and
- Ensure that provider's physicians are adequately trained to perform other physician duties.

The County did not provide evidence demonstrating the written roles and responsibilities for California Human Development Corporation Medical Director, Dr. Shifflett, includes all required elements. The following required elements are missing, specifically:

- Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care;
- Ensure that physicians do not delegate their duties to non-physician personnel;
- Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards;
- Ensure that the medical decisions made by physicians are not influenced by fiscal considerations; and
- Ensure that provider's physicians are adequately trained to perform other physician duties.

## Category 5: GENERAL PROVISIONS

A review of the County's contract general provisions was conducted to ensure compliance with applicable regulations, and standards. The following DMC deficiency in regulations, standards or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 5.4:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part II, H

#### H. Tribal Communities and Organizations

The Contractor shall regularly assess (e.g. review population information available through Census Bureau, compare to information obtained in CalOMS Treatment to determine whether population is being reached, survey Tribal representatives for insight in potential barriers) the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the Contractor's geographic area and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available to AI/AN communities within the County.

Exhibit A, Attachment I, Part II, Q

#### Q. Subcontract Provisions

Contractor shall include the foregoing Part II general provisions in all of its subcontracts.

**Findings:** The County did not provide evidence demonstrating County and Subcontractor compliance with the Tribal Communities and Organizations provision.

The County did not provide evidence demonstrating all of the foregoing State County Contract Exhibit A, Attachment I, Part II general provisions are included in all executed subcontracts, including the Tribal Communities and Organizations provision.

## **TECHNICAL ASSISTANCE**

The County requested Technical Assistance for CalOMS-Tx and DATAR: Specifically, updated CalOMS training for QA staff and current contracted network providers.