



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



MICHELLE BAASS  
DIRECTOR

GAVIN NEWSOM  
GOVERNOR

February 23, 2023

Sent via e-mail to: [csmith@trinitycounty-ca.gov](mailto:csmith@trinitycounty-ca.gov)

Connie Smith, Director  
Trinity County Health and Human Services Agency  
1450 Main Street  
Weaverville, CA 96093

SUBJECT: Annual DMC County Compliance Section Findings Report

Dear Director Smith:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Drug Medi-Cal (DMC) Contract operated by Trinity 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 protocol, discussion with County staff, and supporting documentation provided by the County.

Enclosed are the results of Trinity County's Fiscal Year (FY) 2022-23 DMC compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Trinity 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 **4/24/2023**. 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 [MCBHDmonitoring@dhcs.ca.gov](mailto:MCBHDmonitoring@dhcs.ca.gov).

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

Sincerely,

Emanuel Hernandez  
(916) 713-8667

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

Distribution:

To: Director Smith,

CC: Mateo Hernandez, Audits and Investigations, Contract and Enrollment Review Division Chief  
Catherine Hicks, Audits and Investigations, Behavioral Health Review Branch Chief  
Ayesha Smith, Audits and Investigations, County Compliance Section Chief  
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief  
Cindy Berger, Audits and Investigations, Provider Compliance Section Chief  
Sergio Lopez, County/Provider Operations and Monitoring Section I Chief  
Tony Nguyen, County/Provider Operations and Monitoring Section II Chief  
[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County/Provider Operations and Monitoring Branch  
Sherry Chandler, Trinity County SUD Program Manager

## COUNTY REVIEW INFORMATION

**County:**

Trinity

**County Contact Name/Title:**

Sherry Chandler, Trinity County SUD Program Manager

**County Address:**

1450 Main Street  
Weaverville, CA 96093

**County Phone Number/Email:**

(530) 623-1447  
schandler@trinitycounty-ca.gov

**Date of Review:**

1/25/2023

**Lead CCS Analyst:**

Emanuel Hernandez

**Assisting CCS Analyst:**

N/A

**Report Prepared by:**

Emanuel Hernandez

**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 14000, et seq.; 14100.2, 14021, 14021.51-14021.53, 14021.6, and 14124.20-14124.25, 14184.402, 14059.5: Basic Health Care – Drug Medi-Cal Treatment Program

### II. Program Requirements:

- a. Fiscal Year (FY) 2021-22 State-County Contract, herein referred to as State County Contract
- b. Fiscal Year (FY) 2022-23 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 1/25/2023. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, County Compliance Monitoring II (CCM II) Analyst  
Marcia Casado, Associate Governmental Program Analyst (AGPA)
- Representing Trinity County:  
Connie Smith, Trinity County Health and Human Services Agency Director  
Sherry Chandler, Trinity County SUD Program Manager  
Torri Cardilino, Trinity County Deputy Director Quality Assurance  
Katie Prunty, Trinity County Compliance Officer  
Chan Saetern, Trinity County Staff Services Analyst

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of review process
- County Overview of services provided

### **Exit Conference:**

An Exit Conference was conducted via WebEx on 1/25/2023. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, CCM II Analyst  
Marcia Casado, AGPA
- Representing Trinity County:  
Connie Smith, Trinity County Health and Human Services Agency Director  
Sherry Chandler, Trinity County SUD Program Manager  
Torri Cardilino, Trinity County Deputy Director Quality Assurance  
Katie Prunty, Trinity County Compliance Officer  
Chan Saetern, Trinity County Staff Services Analyst

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)

<b><u>Section</u></b>	<b><u>Number of CD's</u></b>
1.0 Administration	3
2.0 Program Integrity	0
3.0 Perinatal Practice Guidelines	0
4.0 Youth Services	2
5.0 Reporting Requirements	0

## **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 2022-23 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) The name of the person who will be responsible for corrections and ongoing compliance.

The CPOMB Liaison will monitor progress of the CAP completion.

## Category 1: ADMINISTRATION

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

### COMPLIANCE DEFICIENCIES:

#### **CD 1.1:**

DMC Contract, Exhibit A, Attachment I A1, Part I, Section 3, A, 1 a-f

##### **A. Covered Services**

1. 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 Treatment Services
  - b) Narcotic Treatment Program Services
  - c) Intensive Outpatient Treatment Services
  - d) Perinatal Residential Substance Use Disorder Treatment Services (excluding room and board)
  - e) Medication Assisted Treatment (MAT)
  - f) Peer Support Services (if Contractor has opted in to provide Peer Support Services)

#### 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.

**Findings:** The County did not provide evidence of compliance demonstrating how the County arranges, provides, or subcontracts for the following DMC service:

- Medication Assisted Treatment (MAT)



**CD 1.6:**

DMC Contract, Exhibit A, Attachment I A1, Part I, Section 1

Title 22 Section 51341.1 (h)(6) (B)(ii)

- (i) For narcotic treatment program services, the discharge summary shall meet the requirements of Section 10415, Title 9, CCR.

Title 9 Section §10415 (g)(1-3)

- (g) The program shall complete a discharge summary for each patient who is terminated from treatment, either voluntarily or involuntarily. The discharge summary shall include at least the following:
- (1) The patient's name and date of discharge;
  - (2) The reason for the discharge; and
  - (3) A summary of the patient's progress during treatment.

**Findings:** The County did not provide evidence of compliance demonstrating it meets discharge summary requirements for narcotic treatment program beneficiaries terminated voluntarily or involuntarily from treatment. Specifically, the evidence does not include the following requirements:

- Patient's name and date of discharge.
- Reason for discharge.
- Summary of patient's progress during treatment.

**CD 1.7**

DMC Contract, Exhibit A, Attachment I A1, Part I, Section 3, A, 2, a-c

2. Medi-Cal Substance Use Disorder (SUD) treatment services for beneficiaries under age 21
- a) The EPSDT mandate entitles beneficiaries under the age of 21 to all appropriate and medically necessary services coverable under a Medicaid State Plan (as described in 42 U.S.C. § 1396d(a)) that are needed to correct or ameliorate discovered health conditions, regardless of whether those services are covered in the state's Medicaid State Plan.
  - b) Under the EPSDT mandate and in accordance with BHIN 22-003, the Contractor shall provide all SUD treatment services that are coverable under 42 U.S.C. § 1396d(a)) whether or not it is covered under the Medicaid State Plan, including but not limited to covered DMC and Drug Medi-Cal – Organized Delivery Services (DMC-ODS) (referred to as Expanded SUD Treatment Services in the State Plan). The array of SUD treatment services covered in the State Plan are described in the "Substance Use Disorder Treatment Services" and the "Expanded Substance Use Disorder Treatment Services" sections of Supplement 3 to Attachment 3.1-A in the Medi-Cal State Plan.
  - c) The Contractor shall provide screening and early intervention services to beneficiaries under the age of 21 at risk of developing an SUD regardless of whether they meet diagnosis criteria for a behavioral health disorder. Any beneficiary under the age of 21 who is screened and determined to be at risk of developing an SUD may receive any service component covered under the outpatient level of care as early intervention services. A diagnosis from the Diagnostic and Statistical Manual or International Classification of Diseases, Tenth Edition (ICD-10) for Substance-Related and Addictive Disorders is not required for early intervention services. Early intervention services are provided under the outpatient treatment modality and must be made available by counties based on individual clinical need, even if the beneficiary under age 21 is not participating in the full array of outpatient treatment services.

BHIN 22-003

**Findings:** The County did not provide evidence of compliance demonstrating the Alcohol and Drug Screening, Assessment, and Brief Interventions and Referral to Treatment (SBIRT) services meet the following SAMHSA criteria for beneficiaries 11 and older, specifically;

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

The County did not provide evidence of compliance demonstrating the availability of the following early intervention services (outpatient services) to beneficiaries under the age of 21 at risk of developing an SUD, regardless of whether they meet diagnosis criteria for a behavioral health disorder (BHIN 21-051 and 22-003), specifically;

- Screening
- Group Counseling
- Individual Counseling
- Patient Education

The County did not provide evidence of compliance demonstrating it makes available all SUD treatment services that are coverable under 42 U.S.C. § 1396d(a)), whether or not it is covered under the Medicaid State Plan, including but not limited to covered DMC and Drug Medi-Cal – Organized Delivery Services.

## Category 4: YOUTH SERVICES

A review of the County's Youth 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 4.2:**

DMC Contract, Exhibit A, Attachment I A1, Part II, J

##### J. Youth Treatment Guidelines

The Contractor will follow the guidelines in Document 1V, "Youth Treatment all Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until new Youth Treatment Guidelines are established and adopted. No formal amendment of this Contract is required for new guidelines to be incorporated into this Contract.

##### Adolescent Best Practices Guidelines 4.6

##### Transportation

Access to safe, affordable transportation for adolescents with SUDs can increase their engagement and retention in treatment, aid in accessing other treatment-related services, and assist in achieving treatment and recovery plan goals. Transportation assistance may be accomplished in a variety of ways, such as provision of public transportation passes; and identification of and access to other community transportation resources (NASADAD, 2014).

**Findings:** The County did not provide evidence of compliance demonstrating youth transportation may be provided in one or more of the following ways, specifically;

- Provision of public transportation passes.
- Other community transportation resources.
- Other modes of transportation.

#### **CD 4.3:**

DMC Contract, Exhibit A, Attachment I A1, Part II, J

##### J. Youth Treatment Guidelines

The Contractor will follow the guidelines in Document 1V, "Youth Treatment Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until new Youth Treatment Guidelines are established and adopted. No formal amendment of this Contract is required for new guidelines to be incorporated into this Contract.

##### DMC Contract, Exhibit A, Attachment I A1, Part II, Q

##### Q. Subcontract Provisions

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

**Findings:** The County did not provide evidence demonstrating that all of the foregoing State County Contract Exhibit A, Attachment I, Part II general provisions are included in all executed subcontracts, including the Youth Treatment Guidelines (Adolescent Best Practices Guidelines) provision.

## **TECHNICAL ASSISTANCE**

Trinity County did not request any technical assistance.