

July 02, 2025

THIS LETTER SENT VIA EMAIL TO: [csmith@trinitycounty-ca.gov](mailto:csmith@trinitycounty-ca.gov)

Connie Cessna Smith, Mental Health Director  
Trinity County Behavioral Health Services  
P.O. Box 1640  
1450 Main Street  
Weaverville, CA 96093

SUBJECT: ANNUAL DRUG MEDI-CAL COMPLIANCE FINDINGS REPORT

Dear Director Smith:

The Department of Health Care Services (DHCS) is responsible for determining compliance to requirements of the Drug Medi-Cal (DMC) Intergovernmental Agreement operated by Trinity County.

The Substance Use Disorder Review Section (SUDRS) within DHCS' Contract and Enrollment Review Division (CERD) conducted a review of the County's compliance with federal and state laws, Medi-Cal regulations, program requirements and the State's DMC contract. The review included an inspection of the County's policies for providing services, procedures to implement these policies, and the process to determine whether these policies were effective. Documents were reviewed and interviews were conducted with County staff. Enclosed are the results of Trinity County's Fiscal Year (FY) 2024-25 DMC compliance review. The report identifies compliance review findings and referrals for technical assistance.

Trinity County is required to submit a Corrective Action Plan (CAP) addressing each review finding noted to DHCS' Behavioral Health – Oversight and Monitoring Division (BH-OMD), County Compliance and Monitoring Section (CCMS). For questions regarding the CAP process and submitting documentation, email your questions to [BHOMDMonitoring@dhcs.ca.gov](mailto:BHOMDMonitoring@dhcs.ca.gov). If you have any questions regarding the review process, please contact me at [emanuel.hernandez@dhcs.ca.gov](mailto:emanuel.hernandez@dhcs.ca.gov).

Sincerely,



Emanuel Hernandez | Analyst

Distribution:

To: Director Smith,

Cc: Mateo Hernandez, PhD, Assistant Deputy Director  
Audits and Investigations

Brian Vu, Assistant Division Chief  
Contract and Enrollment Review Division - Audits and Investigations

Catherine Hicks, Chief  
Behavioral Health Review Branch  
Contract and Enrollment Review Division - Audits and Investigations

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Sergio Lopez, Chief  
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Tony Nguyen, Chief  
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Behavioral Health – Oversight and Monitoring Division

[BHOMDMonitoring@dhcs.ca.gov](mailto:BHOMDMonitoring@dhcs.ca.gov), Behavioral Health County Support and  
Operations Branch

Sherry Chandler, Trinity County Behavioral Health (TCBH) Substance Use  
Disorder (SUD) Program Manager

## COUNTY REVIEW INFORMATION

**County:**

Trinity

**County Contact Name/Title:**

Sherry Chandler, TCBH - SUD Program Manager

**County Address:**

P.O. Box 1640

1450 Main Street

Weaverville, CA 96093

**County Phone Number/Email:**

(530) 623-1840

[schandler@trinitycounty-ca.gov](mailto:schandler@trinitycounty-ca.gov)

**Date of Review:**

4/17/2025

**Lead SUDRS Reviewer:**

Emanuel Hernandez

**Assisting SUDRS Reviewer:**

N/A

**Report Prepared by:**

Emanuel Hernandez

**Report Approved by:**

Michael Bivians

## 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) 2023-24 DMC Intergovernmental Agreement (IA)
- b. State of California *Adolescent Best Practices Guidelines October 2020*
- c. DHCS' *Perinatal Practice Guidelines FY 2018-19*
- d. DHCS' *Minimum Quality Drug Treatment Standards (Document 2F(a))*
- e. National Culturally and Linguistically Appropriate Services (CLAS)
- f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
- g. Behavioral Health Information Notices (BHIN)

## **ENTRANCE AND EXIT CONFERENCE SUMMARIES**

### **Entrance Conference:**

An Entrance Conference was conducted via Teams on 04/17/2025. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, Analyst, SUDRS Unit 2  
Leilani Kwon, Chief, CCMS, Unit 2  
Elida Boyden, County Liaison, CCMS Unit 2  
Joel Case, County Liaison, Behavioral Health Services Act Program Compliance and Monitoring (BHSA PCM) Unit 2
- Representing Trinity County:  
Sherry Chandler, TCBH - SUD Program Manager  
Katie Prunty, Compliance Officer  
Chan Saetern, Quality Assurance Coordinator I  
Brian Marshall-Winks, Deputy Director of Business Services  
Crystal Bennett, Senior Fiscal Analyst

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 Teams on 04/17/2025. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, Analyst, SUDRS Unit 2  
Leilani Kwon, Chief, CCMS Unit 2  
Elida Boyden, County Liaison, CCMS Unit 2  
Joel Case, County Liaison, BHSA PCM Unit 2
- Representing Trinity County:  
Sherry Chandler, TCBH - SUD Program Manager  
Katie Prunty, Compliance Officer  
Chan Saetern, Quality Assurance Coordinator I  
Brian Marshall-Winks, Deputy Director of Business Services  
Crystal Bennett, Senior Fiscal Analyst

During the Exit Conference, the following topics were discussed:

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

## SUMMARY OF FY 2024-25 COMPLIANCE FINDINGS

<u>Category</u>	<u>Number of Findings</u>
1.0 Availability of DMC Services	0
2.0 Care Coordination	0
3.0 Quality Assurance and Performance Improvement	1
4.0 Access and Information Requirements	1
5.0 Coverage and Authorization of Services	0
6.0 Beneficiary Rights and Protections	0
7.0 Program Integrity	1



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

Pursuant to the DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, B, 6 a-b each finding identified must be addressed via a CAP.

Your CCMS liaison manages the progress of CAP completion.

For questions regarding the CAP form and instructions on how to complete the FY 2024-25 CAP, please email [BHOMDMonitoring@dhcs.ca.gov](mailto:BHOMDMonitoring@dhcs.ca.gov).

## **Category 3: QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT**

A review of the County's Quality Assurance and Performance Improvement program was conducted to ensure compliance with applicable federal and state laws, Medi-Cal regulations, program requirements and the State's DMC contract. The following finding was identified:

### **COMPLIANCE FINDING:**

#### **3.4.1:**

**DMC Contract, Exhibit A, Attachment I, Part III, C, 3-8**

California Outcomes Measurement System for Treatment (CalOMS-Tx)

The CalOMS-Tx Business Rules and Requirements are:

3. Electronic submission of CalOMS-Tx data shall be submitted by the Contractor within 45 days from the end of the last day of the report month.
4. The 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. The 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. The 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.
7. The Contractor shall participate in CalOMS-Tx informational meetings, trainings, and conference calls.
8. The Contractor shall implement and maintain a system for collecting and electronically submitting CalOMS-Tx data.

**Findings:** The County did not ensure timely submission of provider data updates to the CalOMS-Tx system.

## Category 4: ACCESS AND INFORMATION REQUIREMENTS

A review of the County's Access and Information Requirements was conducted to ensure compliance with applicable federal and state laws, Medi-Cal regulations, program requirements and the State's DMC contract. The following finding was identified:

### COMPLIANCE FINDING:

#### **4.1.5:**

#### DMC Contract, Exhibit A, Attachment I, Part II General, S, 6

6. Effective Communication with Individuals with Disabilities
  - a) The Contractor shall comply with all applicable requirements of federal and state disability law and take appropriate steps to ensure effective communication with individuals with disabilities.
  - b) The Contractor shall provide appropriate auxiliary aids and services to persons with impaired sensory, manual, or speaking skills, including the provision of qualified interpreters and written materials in alternative formats, free of charge and in a timely manner, when such aids and services are necessary to ensure that individuals with disabilities have an equal opportunity to participate in, or enjoy the benefits of, the Contractor's covered services, programs, and activities.
  - c) The Contractor shall provide interpretive services and make member information available in the following alternative formats: Braille, audio format, large print (no less than 20 point font), and accessible electronic format (such as a data CD). In determining what types of auxiliary aids and services are necessary, the Contractor shall give "primary consideration" to the individual's request of a particular auxiliary aid or service.
  - d) Auxiliary aids and services include, but are not limited to:
    - i. Qualified interpreters on-site or through VRI services; note takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based telecommunication products and systems, text telephones (TTYs), videophones, captioned telephones, or equally effective telecommunications devices; videotext displays; accessible information and communication technology; or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing.

- ii. Qualified readers; taped texts; audio recordings; Braille materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs; large print materials (no less than 20 point font); accessible information and communication technology; or other effective methods of making visually delivered materials available to individuals who are blind or have low vision.
- e) When providing interpretive services, the Contractor shall use qualified interpreters to interpret for an individual with a disability, whether through a remote interpreting service or an on-site appearance. A qualified interpreter for an individual with a disability is an interpreter who: 1) adheres to generally accepted interpreter ethics principals, including client confidentiality; and 2) is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, terminology, and phraseology. For an individual with a disability, qualified interpreters can include, for example, sign language interpreters, oral translators (individuals who represent or spell in the characters of another alphabet), and cued language translators (individuals who represent or spell by using a small number of handshapes).
- f) If a Contractor provides a qualified interpreter for an individual with a disability, through VRI services, the Contractor shall provide real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication; a sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of body position; a clear, audible transmission of voices; and adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI.
- g) The Contractor shall not require an individual with a disability to provide their own interpreter. The Contractor is also prohibited from relying on an adult or minor child accompanying an individual with a disability to interpret or facilitate communication except when: 1) there is an emergency involving an imminent threat to the safety or welfare of the individual or the public and a qualified interpreter is not immediately available; or, 2) the individual with a disability specifically requests that an accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide that assistance, and reliance on that accompanying adult for that assistance is appropriate under the circumstances. Prior to using a family member, friend, or, in an emergency only, a minor child as an interpreter for an individual with a disability, the Contractor shall first inform the individual that they have the right to free interpreter services and second, ensure that the use of such an interpreter will not compromise the effectiveness of services or violate the individual's confidentiality. The Contractor shall ensure that the refusal of

- h) free interpreter services and the individual's request to use a family member, friend, or a minor child as an interpreter is documented.
- i) The Contractor shall make reasonable modifications to policies, practices, or procedures when such modifications are necessary to avoid discrimination based on disability.

(Behavioral Health Information Notice (BHIN) 24-007)

**Findings:** The County did not provide evidence demonstrating the County and subcontractors complies with the timely provision of appropriate auxiliary aids and services, free of charge, to persons with impaired sensory, manual, or speaking skills including at a minimum, all the following:

- Braille documentation.

## Category 7: PROGRAM INTEGRITY

A review of the County's Program Integrity was conducted to ensure compliance with applicable federal and state laws, Medi-Cal regulations, program requirements and the State's DMC contract. The following finding was identified:

### COMPLIANCE FINDING:

#### **7.1.1:**

#### DMC Contract, Exhibit A, Attachment I, Part I, Section 6 Monitoring, B, 3, b

All complaints received by the Contractor regarding a DMC provider shall be forwarded to MCBHD within two business days as follows:

DMC provider complaints are to be submitted to:

DHCS  
Medi-Cal Behavioral Health Division  
1501 Capitol Avenue, MS# 2621  
Sacramento, CA 95814

**Findings:** The county did not provide evidence complaints received by the contractor regarding a DMC provider are forwarded to DHCS within two business days.

## **TECHNICAL ASSISTANCE**

Trinity County did not request technical assistance.