



July 28, 2023

THIS LETTER SENT VIA EMAIL TO: [rroberts@mono.ca.gov](mailto:rroberts@mono.ca.gov)

Robin K. Roberts, Director  
Mono County Behavioral Health  
1290 Tavern Road  
Mammoth Lakes, CA 95901

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC FINDINGS  
REPORT

Dear Director Roberts:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Drug Medi-Cal (DMC) Contract operated by Mono County.

The County Compliance Section (CCS) within Audits and Investigations (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 Mono County's Fiscal Year (FY) 2022-23 DMC 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 compliance deficiency (CD) to the Medi-Cal Behavioral Health – Oversight and Monitoring Division (MCBH-OMD), County/Provider Operations and Monitoring Branch (CPOMB) Liaison by 9/27/2023. 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 [MCBHOMDMonitoring@dhcs.ca.gov](mailto:MCBHOMDMonitoring@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 | Compliance Monitoring II Analyst

Distribution:

To: Director Roberts,

Cc: Mateo Hernandez, Audits and Investigations, Contract and Enrollment Review Division Chief  
Catherine Hicks, Audits and Investigations, Behavioral Health Compliance 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  
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[MCBHOMDMonitoring@dhcs.ca.gov](mailto:MCBHOMDMonitoring@dhcs.ca.gov), County/Provider Operations and Monitoring Branch  
Stephany Mejia, Mono County SUD QA Coordinator

## COUNTY REVIEW INFORMATION

**County:**

Mono

**County Contact Name/Title:**

Stephany Mejia/SUD QA Coordinator

**County Address:**

1290 Tavern Road  
Mammoth Lakes, CA 93546

**County Phone Number/Email:**

(760) 924-1755  
smejia@mono.ca.gov

**Date of Review:**

6/1/2023

**Lead CCM Analyst:**

Susan Volmer

**Assisting CCM 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 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 6/1/2023. The following individuals were present:

- Representing DHCS:  
Susan Volmer, County Compliance Monitoring II (CCM II) Analyst  
Alessandra Rocha, County/Provider Operations and Monitoring Branch (CPOMB) Analyst
- Representing Mono County:  
Robin Roberts, Director  
Stephany Mejia, SUD QA Coordinator  
Amanda Greenberg, Program Manager  
Lauren Plum, Staff Services Analyst III

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 6/1/2023. The following individuals were present:

- Representing DHCS:  
Susan Volmer, CCM II Analyst  
Alessandra Rocha, CPOMB Analyst
- Representing Mono County:  
Robin Roberts, Director  
Stephany Mejia, SUD QA Coordinator  
Amanda Greenberg, Program Manager  
Lauren Plum, Staff Services Analyst III

## **SUMMARY OF FY 2022-23 COMPLIANCE DEFICIENCIES (CD)**

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

## 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 was identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 1.2:**

DMC Contract, Exhibit A, Attachment I A1, Part I, Section 3, B, 2

1. The Contractor shall amend its subcontracts for covered services in order to provide sufficient funds to match allowable Federal Medicaid reimbursements for any increase in DMC services to beneficiaries.

**Findings:** The County did not provide evidence of compliance demonstrating how it amends subcontracts for covered services in order to provide sufficient funds to match allowable Federal Medicaid reimbursements for any increase in DMC services to beneficiaries.

#### **CD 1.4:**

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

Title 22 Section 51341.1 (h)(6)(A)(i-iii)

- (i) The discharge plan shall include, but not be limited to, all of the following:
  - (a) A description of each of the beneficiary's relapse triggers and a plan to assist the beneficiary to avoid relapse when confronted with each trigger.
  - (b) A support plan.
- (ii) The discharge plan shall be prepared within thirty (30) calendar days prior to the date of the last face-to-face treatment with the beneficiary.
- (iii) During the therapist or counselor's last face-to-face treatment with the beneficiary, the therapist or counselor and the beneficiary shall type or legibly print their names, sign and date the discharge plan. A copy of the discharge plan shall be provided to the beneficiary.

**Findings:** The County did not provide evidence of compliance demonstrating discharge plans include or ensure the following requirements:

- 30-day timeline (plan prepared within 30 calendar days prior to the date of the last face-to-face treatment with the beneficiary).
- Dated signature of beneficiary during last face-to-face treatment meeting.
- Discharge plan was provided to beneficiary.

**CD 1.5:**

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

**Title 22 Section 51341.1 (h)(6)(B)(i)(a-d)**

(B) The provider shall complete a discharge summary, for any beneficiary with whom the provider lost contact, in accordance with all of the following requirements:

- (i) For outpatient drug free, day care habilitative, perinatal residential, and Naltrexone treatment services, the provider shall complete the discharge summary within thirty (30) calendar days of the date of the provider's last face-to-face treatment contact with the beneficiary. The discharge summary shall include all of the following:
  - (a) The duration of the beneficiary's treatment as determined by the dates of admission to and discharge from treatment.
  - (b) The reason for discharge.
  - (c) A narrative summary of the treatment episode.
  - (d) The beneficiary's prognosis.

**Findings:** The County did not provide evidence of compliance demonstrating it meets discharge summary requirements for beneficiaries enrolled in outpatient drug free, day care habilitative, perinatal residential, and Naltrexone treatment services with whom the provider lost contact. Specifically, the evidence does not include the following requirements:

- 30-day timeline (completed within 30 days of the date of the provider's last face-to-face treatment contact with the beneficiary).
- Duration of beneficiary's treatment.
- Narrative summary of treatment episode.

## **TECHNICAL ASSISTANCE**

Mono County did not request technical assistance during this review.