

DHCS AUDITS AND INVESTIGATIONS
CONTRACT AND ENROLLMENT REVIEW DIVISION
SUBSTANCE USE DISORDER REVIEW SECTION

**REPORT ON THE DRUG MEDI-CAL (DMC) STATE
PLAN REVIEW OF TEHAMA COUNTY
FISCAL YEAR 2025-26**

Contract Number: 25-50091

Contract Type: DMC State Plan Intergovernmental Agreement 2023-2027

Review Period: July 1, 2024 - June 30, 2025

Dates of Review: October 20, 2025 — October 21, 2025

Report Issued: January 13, 2026

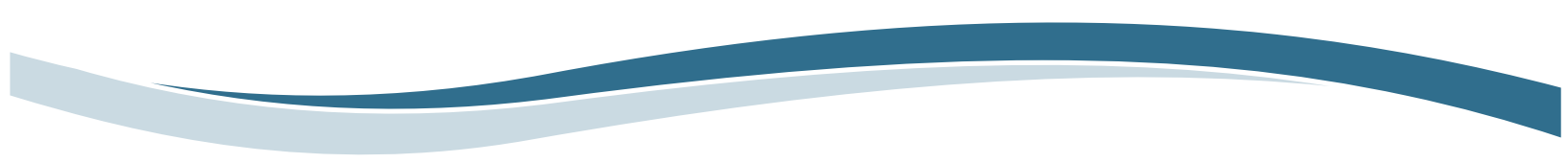


TABLE OF CONTENTS

I. INTRODUCTION 3

II. EXECUTIVE SUMMARY 4

III. SCOPE/REVIEW PROCEDURES 6

IV. COMPLIANCE REVIEW FINDINGS

Category 3 – Quality Assurance and Performance Improvement..... 8

I. INTRODUCTION

Tehama County is governed by a Board of Supervisors and contracts with the Department of Health Care Services (DHCS) for the purpose of providing Drug Medi-Cal (DMC) funded Substance Use Disorder (SUD) services to county residents.

Tehama County is located approximately midway between Sacramento and the Oregon border. The County provides services within the unincorporated county and in five (5) cities, Corning, Lake, Rancho Tehama Reserve, Red Bluff, Tehama and 12 communities, Bend, Fournoy, Gerber, Las Flores, Los Molino's, Manton, Mineral, Paskenta, Paynes Creek, Proberta, Richland, and Vina.

II. EXECUTIVE SUMMARY

This report presents the findings of the DHCS review for the period of July 1, 2024, through June 30, 2025. The review was conducted from October 20, 2025, through October 21, 2025. The review consisted of a documentation review and interviews with the County's representatives.

An Exit Conference with the Plan was held on December 4, 2025. The County was allowed 15 calendar days from the date of the Exit Conference to provide supplemental information addressing the potential review findings. Tehama County did not submit additional documentation after the Exit Conference.

The review evaluated requirements from four categories of performance: Availability of DMC Services, Quality Assurance and Performance Improvement, Beneficiary Rights and Protections, and Program Integrity.

The prior DHCS compliance report, covering the review period from July 1, 2023, through June 30, 2024, identified deficiencies incorporated in the Corrective Action Plan (CAP). The prior year CAPs were completely closed at the time of the review.

The summary of the findings by category follows:

Category 1 – Availability of DMC Services

There were no findings noted for this category during the review period.

Category 3 – Quality Assurance and Performance Improvement

A substance use disorder medical director shall receive a minimum of five (5) hours of continuing medical education in addiction medicine each year. The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines, including, but not limited to: Title 22, California Code Regulations (Cal. Code Regs.), Sections 51341.1. Finding 3.1.6: The Plan did not provide evidence that the Plan's Medical Director received five (5) hours of continuing medical education units in addiction medicine annually. The Plan did not provide evidence that it ensured subcontractor's Medical Director received five (5) hours of continuing medical education in addiction medicine annually.

Written roles and responsibilities for the medical director shall be clearly documented, signed and dated by a program representative and physician. The Contractor's subcontracts shall require that providers comply with the following regulations and

guidelines, including, but not limited to: Minimum Quality Treatment Standards, (Document 2F(a)). Finding 3.2.5: The Plan did not provide evidence that the Plan's Medical Director's written Roles and Responsibilities included all required elements. The following required element was missing, specifically:

- Ensure that physicians do not delegate their duties to non-physician personnel.

The Plan did not provide evidence that subcontractors' Medical Director's written Roles and Responsibilities included 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 nonphysician personnel.
- Develop and implement medical policies and standards for the provider.
- 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.
- Ensure that provider's physicians are adequately trained to perform diagnosis of substance use disorders for members, determine the medical necessity of treatment for members and perform other physician duties, as outlined in this section.
- Is signed and dated by the physician.
- Is signed and dated by a program representative.

Written code of conduct for the medical director shall be clearly documented, signed and dated by a program representative and physician. The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines, including, but not limited to the Minimum Quality Drug Treatment Standards (Document 2F(a)). Finding 3.2.6: The Plan did not provide evidence that the Plan's Medical Director's Code of Conduct included all required elements. The following required elements are missing, specifically:

- Use of drugs and/or alcohol.
- Prohibition of social and/or business relationships with members or their family members for personal gain.
- Prohibition of sexual contact with members.
- Conflict of interest.
- Providing services beyond scope.
- Discrimination against members or staff.
- Verbally, physically, or sexually harassing, threatening, or abusing members,

- family members, or other staff.
- Protection of members' confidentiality.
- Cooperate with complaint investigations.
- Signed and dated by the physician.
- Signed and dated by a provider representative.

The Plan did not provide evidence that the subcontractors' Medical Director's Code of Conduct included all required elements. The following required elements are missing, specifically:

- Use of drugs and/or alcohol.
- Prohibition of sexual contact with members.
- Conflict of interest.
- Providing services beyond scope.

Category 6 – Beneficiary Rights and Protections

There were no findings noted for this category during the review period.

Category 7 – Program Integrity

There were no findings noted for this category during the review period.

III. SCOPE/REVIEW PROCEDURES

SCOPE

The DHCS, Contract and Enrollment Review Division conducted the review to ascertain that medically necessary services provided to County members comply with federal and state laws, regulations and guidelines, and the State's DMC Intergovernmental Agreement.

PROCEDURE

DHCS conducted a review of the Plan from October 20, 2025, through October 21, 2025, for the review period of July 1, 2024, through June 30, 2025. The review included an inspection of the Plan'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 conducted with County representatives.

POST REVIEW

Technical Assistance (TA) can be requested during the review. All DMC TA requests are forwarded to DHCS's Behavioral Health Oversight and Monitoring Division (BHOMD), County Liaison and Operations Support Section (CLOS) for resolution. The County did not request TA during the review.

Tehama is required to complete the CAP pursuant to DMC Intergovernmental Agreement Exhibit A, Attachment I, Part I, Section 6 Monitoring, B Contractor Monitoring, 6 to remedy findings noted within this report. The CAP process is managed by the BHOMD, County Compliance and Monitoring Section (CCMS), which will contact the County following report issuance.

COMPLIANCE REVIEW FINDINGS

Category 3 – Quality Assurance and Performance Improvement

3.1 Monitoring

3.1.6 Continuing Education for SUD Medical Directors

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

(Cal. Code Regs., tit. 22, § 51341.1(b)(28)(A)(iii))

The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines, including, but not limited to:

Title 22, California Code Regulations (Cal. Code Regs.), Sections 51341.1...

(DMC Contract, Exhibit A, Attachment I, Part I, Section 4 Drug Medi-Cal Certification and Provider Credentialing, A, 4, c)

Finding: The Plan did not provide evidence that the Plan's Medical Director received five (5) hours of continuing medical education units in addiction medicine annually.

Finding: The Plan did not provide evidence that it ensured subcontractor's Medical Director received five (5) hours of continuing medical education in addiction medicine annually.

3.2 Minimum Quality Drug Treatment Standards

3.2.5 Medical Director's Roles and Responsibilities

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

(Minimum Quality Drug Treatment Standards Document 2F(a), A, 5)

(Cal. Code Regs., tit. 22, § 51341.1(b)(28)(A)(i-ii))

The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines, including, but not limited to the Minimum Quality Drug Treatment Standards (Document 2F(a))

(DMC Contract, Exhibit A, Attachment I, Part I, Section 4 Drug Medi-Cal Certification and Provider Credentialing, A, 4, c)

Finding: The Plan did not provide evidence that the Plan's Medical Director's written Roles and Responsibilities included all required elements. The following required element was missing, specifically:

- Ensure that physicians do not delegate their duties to non-physician personnel.

Finding: The Plan did not provide evidence that subcontractors' written Roles and Responsibilities included 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 nonphysician personnel.
- Develop and implement medical policies and standards for the provider.
- 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.
- Ensure that provider's physicians are adequately trained to perform diagnosis of substance use disorders for members, determine the medical necessity of treatment for members and perform other physician duties, as outlined in this section.
- Is signed and dated by the physician.
- Is signed and dated by a program representative.

3.2.6 Medical Director's Code of Conduct

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

(Minimum Quality Drug Treatment Standards Document 2F(a), A, 5)

The Contractor's subcontracts shall require that providers comply with the following regulations and guidelines, including, but not limited to the Minimum Quality Drug Treatment Standards (Document 2F(a))

(DMC Contract, Exhibit A, Attachment I, Part I, Section 4 Drug Medi-Cal Certification and Provider Credentialing, A, 4, c)

Finding: The Plan did not provide evidence that the Plan's Medical Director's Code of Conduct included all required elements. The following required elements are missing, specifically:

- Use of drugs and/or alcohol.
- Prohibition of social and/or business relationships with members or their family members for personal gain.
- Prohibition of sexual contact with members.
- Conflict of interest.
- Providing services beyond scope.
- Discrimination against members or staff.
- Verbally, physically, or sexually harassing, threatening, or abusing members, family members, or other staff.
- Protection of members' confidentiality.
- Cooperate with complaint investigations.
- Signed and dated by the physician.
- Signed and dated by a provider representative.

Finding: The Plan did not provide evidence that the subcontractors' Medical Director's Code of Conduct included all required elements. The following required elements are missing, specifically:

- Use of drugs and/or alcohol.
- Prohibition of sexual contact with members.
- Conflict of interest.
- Providing services beyond scope.