



October 2, 2024

THIS LETTER SENT VIA EMAIL TO: tmariscal@co.tuolumne.ca.us

Tami Mariscal, Behavioral Health Director
Tuolumne County Behavioral Health
105 Hospital Road
Sonora, CA 95370

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC FINDINGS REPORT

Dear Director Mariscal:

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

The County Compliance Section (CCS) within DHCS' Audits and Investigations (A&I) conducted a review of the County's compliance with Federal and State regulations, program requirements and contractual obligations based on supporting documentation and interviews with County staff. Enclosed are the results of Tuolumne County's Fiscal Year (FY) 2023-24 DMC compliance review. The report identifies deficiencies, advisory recommendations, and referrals for technical assistance.

Tuolumne County is required to submit a Corrective Action Plan (CAP) addressing each compliance deficiency (CD) noted to DHCS Medi-Cal Behavioral Health – Oversight and Monitoring Division (MCBH-OMD), County/Provider Operations and Monitoring Branch (CPOMB). For questions regarding the CAP process and submitting documentation, email your questions to MCBHOMDMonitoring@dhcs.ca.gov.

If you have any questions, please contact me at emanuel.hernandez@dhcs.ca.gov.

Sincerely,

Emanuel Hernandez | County Compliance Monitoring II Analyst

Distribution:

To: Director Mariscal,

Cc: Mateo Hernandez, Chief
Contract and Enrollment Review Division - Audits and Investigations

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

Ayesha Smith, Chief
County Compliance Section
Contract and Enrollment Review Division - Audits and Investigations

Michael Bivians, Chief
County Compliance Monitoring 2
Contract and Enrollment Review Division - Audits and Investigations

Sergio Lopez, Chief
County/Provider Operations and Monitoring Section 1
Medi-Cal Behavioral Health – Oversight and Monitoring Division

Tony Nguyen, Chief
County/Provider Operations and Monitoring Section 2
Medi-Cal Behavioral Health – Oversight and Monitoring Division

MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and
Monitoring Branch

Lindsey Lujan, Quality Improvement Manager
Tuolumne County Behavioral Health

Amanda Lawrence, Staff Services Analyst II
Tuolumne County Behavioral Health

COUNTY REVIEW INFORMATION

County:

Tuolumne

County Contact Name/Title:

Amanda Lawrence, Staff Services Analyst II

County Address:

105 Hospital Road
Sonora, CA 95370

County Phone Number/Email:

alawrance@co.tuolumne.ca.us
209-533-6243

Date of Review:

06/25/2024

Lead CCM Analyst:

Emanuel Hernandez

Assisting CCM Analyst:

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) 2022-23 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 06/25/2024. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, County Compliance Monitoring II (CCM II) Analyst
Sharrise Jordan, Contract and Enrollment Review Division (CERD) Nurse Evaluator II
Christy Santos, County/Provider Oversight & Monitoring Branch (CPOMB) Analyst

- Representing Tuolumne County:
 - Tami Mariscal, Director
 - Kolby Brock, SUD Administrator
 - Ryan Kramer, Staff Service Analyst
 - Donna Villanueva, SUD Clinical Supervisor
 - Amanda Lawrence, Staff Services Analyst II
 - Lindsey Lujan, Tuolumne County Quality Improvement Manager

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 06/25/2024. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, CCM II Analyst
Sharrise Jordan, CERD Nurse Evaluator II
Christy Santos, CPOMB Analyst

- Representing Tuolumne County:
Tami Mariscal, Director
Kolby Brock, SUD Administrator
- Ryan Kramer, Staff Service Analyst
Donna Villanueva, SUD Clinical Supervisor
Amanda Lawrence, Staff Services Analyst II
Lindsey Lujan, Tuolumne County Quality Improvement Manager

During the Exit Conference, the following topics were discussed:

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

SUMMARY OF FY 2023-24 COMPLIANCE DEFICIENCIES (CD)

<u>Category</u>	<u>Number of CDs</u>
1.0 Availability of DMC Services	1
2.0 Care Coordination	0
3.0 Quality Assurance and Performance Improvement	2
4.0 Access and Information Requirements	0
5.0 Coverage and Authorization of Services	0
6.0 Beneficiary Rights and Protections	0
7.0 Program Integrity	0

CORRECTIVE ACTION PLAN (CAP)

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

Your CPOMB liaison manages the progress of CAP completion.

For questions regarding the CAP form and instructions on how to complete the FY 2023-24 CAP, please email MCBHOMDMonitoring@dhcs.ca.gov.

Category 1: AVAILABILITY OF DMC SERVICES

A review of the County's records, service providers, referrals, services, contracts, and general provisions was conducted to ensure compliance with applicable Federal and State regulations, program requirements, and contractual obligations. The following deficiency was identified:

COMPLIANCE DEFICIENCY:

CD 1.1.4:

DMC Contract, Exhibit A, Attachment I, Part I, Section 2 Covered Services, 1, c

The Contractor shall require that treatment programs are accessible to people with disabilities in accordance with Title 45, Code of Federal Regulations (hereinafter referred to as CFR), Part 84, the Americans with Disabilities Act, and other State and federal regulations and laws.

Findings: The County did not provide evidence that treatment programs are accessible to people with disabilities in accordance with Title 45, Code of Federal Regulations (hereinafter referred to as CFR), Part 84, the Americans with Disabilities Act, and other State and federal regulations and laws.

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 regulations, program requirements, and contractual obligations. The following deficiencies were identified:

COMPLIANCE DEFICIENCIES:

CD 3.2.3:

DMC Contract, Exhibit A, Attachment I, Part I, Section 3 DMC Certification and Continued Certification, A, 4, c

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))

Minimum Quality Drug Treatment Standards Document 2F(a), A, 3 a-j

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.

Findings: The County did not provide evidence it ensures County staff members sign a Code of Conduct that includes all required elements according to the Minimum Quality Drug Treatment Standards. The following required elements are missing, specifically:

- Providing services beyond scope.
- Discrimination against beneficiaries or staff.

CD 3.2.5:

DMC Contract, Exhibit A, Attachment I, Part I, Section 3 DMC Certification and Continued Certification, A, 4, c

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))

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

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

Findings:

The County did not provide evidence that the subcontractor Aegis of Merced Medical Director Marc Lasher, DO, completed a Roles and Responsibilities document that included all required elements according to the Minimum Quality Drug Treatment Standards. 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.
- 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 beneficiaries, determine the medical necessity of treatment for beneficiaries and perform other physician duties, as outlined in this section.

- The substance use disorder medical director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the substance use disorder medical director shall remain responsible for ensuring all delegated duties are properly performed.

The County did not provide evidence that the subcontractor's Medical Director, Robert Southmyad at Aegis of Modesto/Sonora, completed a Roles and Responsibilities document that included all required elements according to the Minimum Quality Drug Treatment Standards. The following required element is missing, specifically:

- The substance use disorder medical director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the substance use disorder medical director shall remain responsible for ensuring all delegated duties are properly performed.

The County did not provide evidence that the subcontractor's Medical Director, Brian N. Talleur at Aegis of Stockton/Sac & Cali, completed a Roles and Responsibilities document that included all required elements according to the Minimum Quality Drug Treatment Standards. The following required element is missing, specifically:

- The substance use disorder medical director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the substance use disorder medical director shall remain responsible for ensuring all delegated duties are properly performed.

The County did not provide evidence that the subcontractor's Medical Director, Robert Hamilton at Aegis of Manteca, completed a Roles and Responsibilities document that included all required elements according to the Minimum Quality Drug Treatment Standards. The following required element is missing, specifically:

- The substance use disorder medical director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the substance use disorder medical director shall remain responsible for ensuring all delegated duties are properly performed.

TECHNICAL ASSISTANCE

Tuolumne County did not request technical assistance during this review.