



August 22, 2024

THIS LETTER SENT VIA EMAIL TO: ssousa@pcbh.services

Sharon R Sousa, LMFT, Behavioral Health Director
Plumas County Behavioral Health Department
269 County Hospital Road., Suite 109
Quincy, CA 95970

SUBJECT: ANNUAL COUNTY COMPLIANCE SECTION DMC FINDINGS REPORT

Dear Director Sousa:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Drug Medi-Cal (DMC) Intergovernmental Agreement operated by Plumas 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 Plumas County's Fiscal Year (FY) 2023-24 DMC compliance review. The report identifies deficiencies, advisory recommendations, and referrals for technical assistance.

Plumas 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 (CCM II) Analyst

Distribution:

To: Director Sousa,

Cc: Mateo Hernandez, Chief
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MCBHOMDMonitoring@dhcs.ca.gov, County/Provider Operations and
Monitoring Branch

Gary Sanderson, Plumas County Behavioral Health Alcohol and Drug
Administrator

COUNTY REVIEW INFORMATION

County:

Plumas

County Contact Name/Title:

Gary Sanderson, Plumas County Behavioral Health (PCBH) Alcohol and Drug Administrator

County Address:

Plumas County Behavioral Health
270 County Hospital Road, STE., 109
Quincy, CA 95971

County Phone Number/Email:

(530) 297-8791

GSanderson@pcbh.services

Date of Review:

05/15/2024

Lead CCM Analyst:

Emanuel Hernandez

Assisting CCM 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) 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 5/15/2024. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, County Compliance Monitoring II (CCM II) Analyst
- Representing Plumas County:
Gary Sanderson, Plumas County Behavioral Health (PCBH) Alcohol and Drug Administrator
Jessica McGill, Plumas County Behavioral Health (PCBH) Quality Assurance Manager

During the Entrance Conference, the following topics were discussed:

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

Exit Conference:

An Exit Conference was conducted via Teams on 05/15/2024. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, CCM II Analyst
- Representing Plumas County:
Gary Sanderson, PCBH Alcohol and Drug Administrator
Jessica McGill, PCBH Quality Assurance 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	0
2.0 Care Coordination	0
3.0 Quality Assurance and Performance Improvement	3
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 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 and subcontractor staff 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:

- Use of drugs and/or alcohol.
- Prohibition of social/business relationship with clients or their family members for personal gain.
- Prohibition of sexual contact with beneficiaries.
- Conflict of interest.
- Providing services beyond scope.
- Discrimination against beneficiaries or staff.
- Verbally, physically, or sexually harassing, threatening, or abusing beneficiaries, family members or other staff.
- Protection of beneficiary confidentiality.
- The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under.
- Cooperation with complaint investigations.

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 County Medical Director Joseph Schad's Roles and Responsibilities document includes 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 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 beneficiaries, determine the medical necessity of treatment for beneficiaries and perform other physician duties, as outlined in this section.
- Is signed and dated by a program representative.

The County did not provide evidence that subcontractor Empire Recovery Center Medical Director Paul Scipione's Roles and Responsibilities document includes 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 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 beneficiaries, determine the medical necessity of treatment for beneficiaries and perform other physician duties, as outlined in this section.
- Is signed and dated by a program representative.

CD 3.4.1:

DMC Contract, Exhibit A, Attachment I, Part III Reporting Requirements, 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. The Open Admission Report was not in compliance.

TECHNICAL ASSISTANCE

Plumas County did not request any technical assistance.